Jefferson City School District Secondary Transportation Form 2020 Summer School

Student Name:	Grade:
Student's Primary Address:	
School:	
Does your student plan to use JC Schools bu	as services for summer school? ☐ Yes ☐ No
 If ves. JC Schools bus services will be used fo	or the purpose of Delick Up Drop Off
,,	
If your student will <i>routinely</i> ride a JC Schools bus to <u>above</u> , please list it below.	o/from an address other than the primary address
AM: Pick up at Alternate Address**	PM: Drop off at Alternate Address**
Address:	Address:
7.00.000	
Name of adult residing at the address above:	Name of adult residing at the address above:
Dhono#	
Phone#:	Phone#:
, , , , , , , , , , , , , , , , , , , ,	these alternate addresses must be eligible for bus
transportation to/from	the student's school. **
Parent/Guardian Name (Please Print)	
Signature	Date
For Office Use Only – NOTES:	