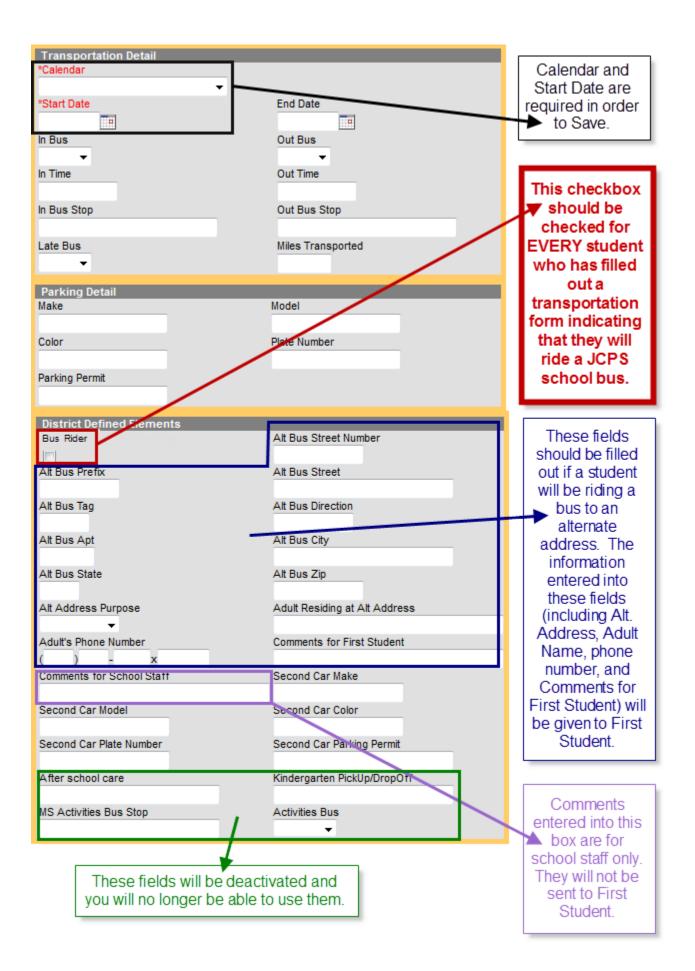
Elementary Transportation Form

Elementary Tra		indicate whe will ride a J0 school year, mark the "Bu	Il out these boxes to ther or not their child CPS bus during the . If "Yes" is chosen, s Rider" checkbox on hsportation Tab.
Does your student plan to use JCPS bus servi If yes, JCPS bus services will be used for the p	ces throughout the year?		
Before School: Bus # On-Site Care Walk Car Rider with Transportation Provided by Daycare* *Daycare Name & Address: Phone:	After School: Bus # On-Site Care Walk Car Rider with Transportation Provid *Daycare Name & A Phone:	ded by Daycare*	The Before/After School boxes are informational for school staff. If you would like to make note of something in Campus, use the Transportation Tab "Comments for School Staff" field.
If your student will <i>routinely</i> ride a JCPS bus please list it below: **Please note – the alternate address can only be that of a			Use this box if a child will be transported
This alternate address will be used for the pu Name and phone number of individual(s) tha		off	ROUTINELY to/from an address OTHER than their Primary Address. (Primary & Alt Address must
Name Your child will be sent home each day as you ho with any changes that may occur in th Parent/Guardian Name (Please Print)	ansportation and/or contact infor	mation.	both be bus eligible) This information should be recorded on the Transportation Tab.
Signature			
For Office Use Only - NOTES:			

Revised July 2012



Cleared Cleared School Year 12 Date: 1:1:1:4 School Year 12 Date: 1:1:1:1:4 School Year 12 Mate 0:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1	Jefferson City Public Schools	Transportation Detail	
School Year 12 13 Fair Date End Date Date: 1-13-12 Student Name: Out School End Date Address: 12.5 Insurance Out Bus Out Bus School Theore Out Bus Out Bus Out Bus Determine Insurance Out Bus Stop Defore School Marce Out Bus Stop Before School Marce Out Bus Stop Out School Marce Out Bus Stop Before School Marce Out Bus Stop Out School Marce Out Bus Stop Waik Out Stop Out Bus Stop Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: At Bus Street Number At Bus Street Number At Bus Street Number Stop At Bus Street Number At Bus Street Number At Bus Street Number Phone: Phone: Phone: Bus Apt At Bus Street Number Stop Stop Stop At Bus Stree			
Date: 1-1-1.2. Student Name: Jone Image: Student Name: Jon		12-13 Thorpe Gordon Elementary 👻	
Date: 3 n: Bus Out Bus School: Theoree should bus services throughout the year? XYES □ No n: Time Out Bus School: Theoree should bus services throughout the year? XYES □ No n: Bus Out Bus Perfore School: Theoree should bus services will be used for the purpose of xPick Up xDrop Off n: Bus Stop Before School: Xe the services will be used for the purpose of xPick Up xDrop Off n: Bus Mees Transported Ors: Be are	School Year 12 - 10	*Start Date	End Date
Address: 12.54bay Way Address: 12.55bay If yes, ICPS bus services will be used for the purpose of XPTeK Up XDrop Off If yes, ICPS bus services will be used for the purpose of XPTeK Up XDrop Off If yes, ICPS bus services will be used for the purpose of XPTeK Up XDrop Off Address: Do Site Care On On Site Care On On Site Care On On On Site Care On On On Site Care On O		08/16/2012	
School: The rest Monthal from the purpose of XPRs Up XDrop Off in Time Out Time Desk your student plan to use XDR bus services will be used for the purpose of XPRs Up XDrop Off in Bigs Stop Out Bus Stop Before School: After School: Miles Transported Miles Transported Ows Wark On Site Care On Site Care Miles Transported Ows Wark Car Rider with On Site Care Miles Transported Wark Car Rider with Car Rider with Model "Dyscare Name & Address: Disparse Name & Address: Model "Dyscare Name & Address: Disparse Name & Address: Mate "Phone: Phone: Phone: Park Name & Address: "Dyscare Name & Address: Disparse Name & Address: Disparse Name & Address: Mate Mate and phone number of Individual(1) that reside at the advow address: At Bus Street Mate Nor cardif will be weldered will reaction the out of the advow address: At Bus Street Mate Mate and phone number of Individual(1) that reside at the advow address: At Bus Street Mate Mare and phone number of Individual(1) that reside at the advow address: At Bus Stapt At Bus Street At Bus	Date: +-1+-12 Student Name: Jane Dee	In Bus	Out Bus
Does your student plan to use ICPS bus services throughout the year? XYes ONO In the Out The If yes, ICPS bus services will be used for the purpose of xPRek Up _xDrop Off In Big Stop Out Bus Stop Before School: After School: Yes Concert Miles Transported Yes, ICPS bus services will be used for the purpose of xPRek Up _xDrop Off In Big Stop Out Bus Stop Before School: Yes Concert Yes Concert Miles Transported Yes, ICPS bus services will be used for the purpose of xPRek Up xare* Yes Concert Miles Transported Yes, Concert Walk Par sing Oetail Model Out ransportston Provided by Duccare You care Name & Address: Color Plate Number Provide Status Direction Provided by Duccare Provide School: Mark Model Phone: Phone: Phone: Parking Permit Bus Street Number Stop Concert Att Bus Street Number Stop Concert Mark Mark Nume and phone number of Individual(s) that reside at the above address: Att Bus State Att Bus State Att Bus State Your divid will be off home Number Stop Concert Att Bus State Att Bus State Att Bus State	Address: 12.34 Jay Way	-	•
If yes, ICPS bus services will be used for the purpose of xCPIck Up xDrop Off In Bus Stop Out Bus Stop Before School: X Bus #	School: Thorpe Gordon Grade: 3	In Time	Out Time
If yes, ICPS bus services will be used for the purpose of xCPIck Up xDrop Off In Bus Stop Out Bus Stop Before School: X Bus #	Does your student plan to use JCPS bus services throughout the year? XYes DO		
Y Bus # Y Bus # Inter y Bus # <	If yes, JCPS bus services will be used for the purpose of > Pick Up > Drop Off	In Bus Stop	Out Bus Stop
Watk On-Site Care On-Site Care Watk On-Site Care Watk Crifter with Car Rider with Matk Transportation Provided by Daycare* "On-Site Care Watk Phone: Provided by Daycare* "On-Site Care Phone: Phone: Phone: Phone: Phone:	Before School: After School:	Late Rue	Miles Transported
or On-Site Care On-Site Care Walk Walk O Rider with Walk Transportation Provided by Daycare* "Daycare Name & Address: ''Daycare Name & Address: On-Site Care Phone: Phone:		Late Dus	mies transported
Car Rider with Transportation Provide by Daycare* "Daycare Name & Address: "Daycare Name & Address of Daycare "Daycare Adult "Daycare Days of Days of Days "Daycare "Daycare Adult "Daycare Adu	On-Site Care On-Site Care	•	
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*Daycare Name & Address: *Daycare Name & Address: Color Plate Number *Phone: Phone: Parking Permit Plate Number Phone: Phone: Parking Permit Plate Number Phone: Phone: Parking Permit Plate Number Prove: Prove: Parking Permit Plate Number Prove: Prove: Prove: Plate Number Prove: Prove: Prove: S555 All Bus Prefix All Bus Street Number S555 S555 Main All Bus Street Main All Bus Prefix All Bus Prefix Main All Bus Street Name and phone number of individual(s) that reside at the above address: Ln All Bus Apt All Bus City None and phone number of individual(s) that reside at the above address: Jefferson City All Bus Apt All Bus Zip Your child will be on thome each day as you how indicate doors. Place And Will Server to masportation and/or contact information Place All Will Server to Main All Address Signature Parent/Guardian Name (Please Print) Parent All Will Server to Sister Sister Sistedent Signature <td< td=""><td></td><td></td><td>Model</td></td<>			Model
Phone: Phone: Parking Permit If your student will routinely ride a JCPS bus to an address other than the primary address, Defined Elements Dease list it below: Bus Rider S555 Phone: At Bus Street Number S6555 Main Lin UC MO GOID - ABC DayCare Main This alternate address will be used for the purpose of D Pick Up (Drop Off) Name and phone number of individual(s) that reside at the above address: Main DayCare Adult S655-S66-S565 At Bus Street Name and phone number of individual(s) that reside at the above address: At Bus Apt At Bus City Vour shid will be ont home each day as you have indicated above. Please noity the school offfre At Bus State At Bus Zip Your wild will be ont home each day as you have indicated above. Please noity the school offfre At Bus State At Bus City Your did will be ont home each day as you have indicated above. Please noity the school offfre At Bus State At Bus City Your did will be ont home each day as you have indicated above. Please noity the school offfre At Bus State At Bus City Your did will be ont home each day as you have indicated above. Please noity the school offfre At Bus State At Bus City Your child will be ont home each day as you have indicate			
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Alt Bus Prefix Att Bus Street Main Att Bus Tag Name and phone number of individual(s) that reside at the above address: In Day care Adult Main Att Bus Tag Att Bus Apt Att Bus City Jefferson City Jefferson City Name Att Bus State Mome Att Bus State Your child will be sint home each day as you have indicated above. Please notify the school offre with any hanges that may occur in transportation and/or contact information. Parent/Guardian Name (Please Print) Parent Adult's Phone Number Adult Residing at Att Address Signature Date For Office Use Only – NOTES: Date The "Comments for First Second Car Model Second Car Model Second Car Parking Permit After school care Kindergenter PickUp/DropOff			
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This alternate address will be used for the purpose of □ Pick Up X Drop Off Att Bus Tag Att Bus Direction Name and phone number of individual(s) that reside at the above address: Att Bus Apt Att Bus City Name Bes Apt Jefferson City Name Phone # Att Bus State Att Bus Zip Your child will be sint home each day as you have indicated above. Please notify the school offrewith any hanges that may occur in transportation and/or contact information. Att Address Purpose Autt Address Parent/Guardian Name (Please Print) Parent / Guardian Name (Please Print) Parent / Parent Adult's Phone Number Adult's Phone Number Signature Date # -17 - 12 Comments for School Staff Second Car Make For Office Use Only - NOTES: Second Car Model Second Car Color The "Comments for First Student' field is very important as it conveys detailed After school care Kindergirten PickUp/DropOff			
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Parent/Guardian Name (Please Print) Parent Adult's Phone Number (555) 555 _ 5555 x Daycare Adult Signature Date 1-17-12 Comments for First Student AM Primary; PM ABC DayCare For Office Use Only – NOTES: Date 1-17-12 Second Car Model Second Car Color The "Comments for First Student" field is very important as it conveys detailed Second Car Plate Number Second Car Parking Permit		Alt Address Purpose	Adult Residing at Alt Address
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For Office Use Only – NOTES: Second Car Model Second Car Color The "Comments for First Student" field is very important as it conveys detailed Second Car Plate Number Second Car Parking Permit	Signature Parent Date 7-17-12		
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The "Comments for First Student" field is very important as it conveys detailed		Second Car Plate Number	Second Car Parking Permit
Student" field is very important as it conveys detailed Kindergarten PickUp/DropOff	The "Comments for First		
as it conveys detailed		After school care	Kindergarten PickUp/DropOff
		MS Activities Bus Stop	Activities Bus
			•

How to enter information onto the Transportation Tab when a student is a bus rider and has an alternate transportation address

Jefferson City Public Schools	Transportation Detail	47
	Calendar	
Elementary Transportation Form	12-13 Cedar Hill Elementary Sc 👻	
School Year 12 - 13	*Start Date	End Date
1		
ate: 7-17-12 Student Name: John Doe	In Bus	Out Bus
ddress: 9876 laybird in JC mo 651		-
chool: Cedar Hill Grad	e: <u>6</u> In Time	Out Time
Does your student plan to use JCPS bus services throughout the year?	🗆 Yes 🤟 No	
f yes, JCPS bus services will be used for the purpose of Pick Up		Out Bus Stop
Before School: After School:	Late Bus	Miles Transported
Bus #	-	
On-Site Care On-Site Care		
Car Rider with MOM	Parking Detail	
Car Rider with MOM Car Rider with	Provided by Daycare+ Make	Model
	ne & Address:	
\ \ \	Color	Plate Number
	Parking Permit	
Phone: hone:		
f your student will routinely ride a JCPS bus to an address other than t	ha primary addrace	
please list it below:	District Defined Elements	
"Please note - the alternate address can only be that of a guardian/daycare and must uso be		Alt Bus Street Number
	Alt Bus Prefix	Alt Bus Street
This alternate address will be used for the purpose of □ Pick Up □ D	Off AND THE	All Due Direction
This alternate address will be used for the purpose of C Pick Op. C D	Alt Bus Tag	Alt Bus Direction
Name and phone number of individual(s) that reside at the above addr	ess:	AND IN CH.
	Alt Bus Apt	Alt Bus City
lame Phone #	All Due Chale	All Due Zie
	Alt Bus State	Alt Bus Zip
Your child will be sent home each day as you have indicated above. Please r		
with any changes that may occur in transportation and/or contact	Alt Address Purpose	Adult Residing at Alt Address
arent/Guardian Name (Please Print) Parent	Adult's Phone Number	Comments for First Student
		Comments for First Student
ignature TONONT	Date 7-17-12 Comments for School Staff	Second Car Make
or Office Use Only - NOTES:	Car rider with Mom	Second Cal make
or onlice use only – NOTES.	Second Car Model	Second Car Color
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	Canada Can Dista Number	Second Car Darking Permit
	Second Car Plate Number	Second Car Parking Permit
	A flag appeal ages	Kindersenten Bield In/Deen Off
	After school care	Kindergarten PickUp/DropOff
		A LE ALL DUL
	MS Activities Bus Stop	Activities Bus

How to enter information onto the Transportation Tab when a student is not a bus rider

Jefferson City Public Schools	Transportation Detail		
Elementary Transportation Form	*Calendar 12-13 East Elementary School	7	
School Year 12 - 13	*Start Date	End Date	
	8/16/2012		in
Date: 7-20-12 Student Name: Scools Doo		Dist Burn	• т
Address: 1234 Scoop Drive	In Bus	Out Bus	
School: East Grade: 4	▼ In Time	▼ Out Time	v
Does your student plan to use JCPS bus services throughout the year? ¥Yes □ No	In Time	Out Time	I 1
If yes, JCPS bus services will be used for the purpose of Pick Up Drop Off	In Due Ohne	Out Due Ofer	
If yes, JCPS bus services will be used for the purpose of a Fick Op a brop on	In Bus Stop	Out Bus Stop	a li
Before School: After School:			al
Bus # Bus #	Late Bus	Miles Transported	
On-Site Care On-Site Care	_		
Walk Walk Car Rider with	Parking Detail		
Car Rider with Car Rider with Transportation Provided by Daycare* Transportation Provided by Daycare*		Model	
*Daycare Name & Address: *Daycare Name & Address:			
	Color	Plate Number	
	- \		
	- Parking Permit		
Phone: Phone:	-		
If your student will routinely ride a JCPS bus to an address other than the primary address			
please list it below:	District Defined Liements		
Please note - the alternate address can only be that of a guardian/daycare and must also be bus eligible	Bus Rider	Alt Bus Street Number	
	- 1		
	Alt Bus Prefix	Alt Bus Street	
This alternate address will be used for the purpose of \Box Pick Up \Box Drop Off	44.D. T.		
	Alt Bus Tag	Alt Bus Direction	
Name and phone number of individual(s) that reside at the above address:	All Due Ant	All Due Offic	
	Alt Bus Apt	Alt Bus City	
Name Phone #	Alt Bus State	Alt Pup Zin	
		Alt Bus Zip	
Your child will be sent home each day as you have indicated above. Please notify the school offi- with any changes that may occur in transportation and/or contact information.	Alt Address Purpose	Adult Residing at Alt Address	
with any changes that may occur in transportation and/or contact information.	All Address Purpose	Addit Residing at Ait Address	
Parent/Guardian Name (Please Print) Parent	Adult's Phone Number	Comments for First Student	
0		comments for this student	
Signature Parent Date 7-20-1	Comments for School Staff	Second Car Make	
For Office Use Only NOTES:			
	Second Car Model	Second Car Color	
	Second Car Plate Number	Second Car Parking Permit	
	After school care	Kindergarten PickUp/DropOff	
	MS Activities Bus Stop	Activities Bus	
	· · · · · · · · · · · · · · · · · · ·	-	

How to enter nformation onto the Transportation Tab when a student is a bus rider and does NOT have an Iternate bus address