

Elementary Transportation Form

Jefferson City Public Schools
Elementary Transportation Form
School Year _____ - _____

Date: _____ Student Name: _____
Address: _____
School: _____ Grade: _____

All parents fill out these boxes to indicate whether or not their child will ride a JCPS bus during the school year. If "Yes" is chosen, mark the "Bus Rider" checkbox on the Transportation Tab.

Does your student plan to use JCPS bus services throughout the year? ☐ Yes ☐ No
If yes, JCPS bus services will be used for the purpose of ☐ Pick Up ☐ Drop Off

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 Provided by Daycare*
*Daycare Name & Address:

Phone: _____

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 *routinely* ride a JCPS bus to an address other than the primary address, please list it below:

****Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible****

This alternate address will be used for the purpose of ☐ Pick Up ☐ Drop Off

Name and phone number of individual(s) that reside at the above address:

Name _____ Phone # _____

Use this box if a child will be transported ROUTINELY to/from an address OTHER than their Primary Address. (Primary & Alt Address must both be bus eligible) This information should be recorded on the Transportation Tab.

Your child will be sent home each day as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

For Office Use Only – NOTES:

Revised July 2012

Transportation Detail	
*Calendar	End Date
*Start Date	
In Bus	Out Bus
In Time	Out Time
In Bus Stop	Out Bus Stop
Late Bus	Miles Transported
Parking Detail	
Make	Model
Color	Plate Number
Parking Permit	
District Defined Elements	
Bus Rider	Alt Bus Street Number
Alt Bus Prefix	Alt Bus Street
Alt Bus Tag	Alt Bus Direction
Alt Bus Apt	Alt Bus City
Alt Bus State	Alt Bus Zip
Alt Address Purpose	Adult Residing at Alt Address
Adult's Phone Number	Comments for First Student
Comments for School Staff	Second Car Make
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

Calendar and Start Date are required in order to Save.

This checkbox should be checked for EVERY student who has filled out a transportation form indicating that they will ride a JCPs school bus.

These fields should be filled out if a student will be riding a bus to an alternate address. The information entered into these fields (including Alt. Address, Adult Name, phone number, and Comments for First Student) will be given to First Student.

Comments entered into this box are for school staff only. They will not be sent to First Student.

These fields will be deactivated and you will no longer be able to use them.

Jefferson City Public Schools
Elementary Transportation Form
School Year 12 - 13

Date: 7-17-12 Student Name: Jane Doe
Address: 1234 Jay Way
School: Thorpe Gordon Grade: 3

Does your student plan to use JCPS bus services throughout the year? ☒ Yes ☐ No
If yes, JCPS bus services will be used for the purpose of ☒ Pick Up ☒ Drop Off

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 Provided by Daycare*
*Daycare Name & Address:

Phone: _____

If your student will **routinely** ride a JCPS bus to an address other than the primary address, please list it below:

****Please note - the alternate address can only be that of a mutual plan/daycare and must also be bus eligible****
5555 Main Ln Jc Mo 65101 - ABC Daycare

This alternate address will be used for the purpose of ☐ Pick Up ☒ Drop Off

Name and phone number of individual(s) that reside at the above address:

Daycare Adult
Name

555-555-5555
Phone #

Your child will be sent home each day as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

Parent/Guardian Name (Please Print) Parent

Signature Parent

Date 7-17-12

For Office Use Only - NOTES:

The "Comments for First Student" field is very important as it conveys detailed information to First Student.

Transportation Detail

*Calendar
12-13 Thorpe Gordon Elementary

*Start Date

08/16/2012

End Date

08/16/2012

In Bus

Out Bus

In Time

Out Time

In Bus Stop

Out Bus Stop

Late Bus

Miles Transported

Parking Detail

Make

Model

Color

Plate Number

Parking Permit

District Defined Elements

Bus Rider

Alt Bus Street Number

5555

Alt Bus Prefix

Alt Bus Street

Main

Alt Bus Tag

Alt Bus Direction

Ln

Alt Bus City

Alt Bus Apt

Alt Bus City

Jefferson City

Alt Bus State

Alt Bus Zip

65101

Alt Address Purpose

Adult Residing at Alt Address

2: Drop Off

Daycare Adult

Adult's Phone Number

Comments for First Student

(555) 555-5555 x

AM Primary; PM ABC DayCare

Comments for School Staff

Second Car Make

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

Jefferson City Public Schools
Elementary Transportation Form
School Year 12 - 13

Date: 7-17-12 Student Name: John Doe
Address: 9876 Jaybird Ln JC MO 65101
School: Cedar Hill Grade: 5

Does your student plan to use JCPS bus services throughout the year? ☐ Yes ☒ No
If yes, JCPS bus services will be used for the purpose of ☐ Pick Up ☐ Drop Off

Before School:

- ☐ Bus # _____
☐ On-Site Care _____
☐ Walk _____
☒ Car Rider with MOM
☐ Transportation Provided by Daycare*
*Daycare Name & Address: _____

Phone: _____

After School:

- ☐ Bus # _____
☐ On-Site Care _____
☐ Walk _____
☒ Car Rider with MOM
☐ Transportation Provided by Daycare*
*Daycare Name & Address: _____

Phone: _____

If your student will routinely ride a JCPS bus to an address other than the primary address, please list it below:

****Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible****

This alternate address will be used for the purpose of ☐ Pick Up ☐ Drop Off

Name and phone number of individual(s) that reside at the above address:

Name _____ Phone # _____

Your child will be sent home each day as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

Parent/Guardian Name (Please Print) Parent

Signature Parent Date 7-17-12

For Office Use Only – NOTES:

Transportation Detail

*Calendar

12-13 Cedar Hill Elementary Sc

*Start Date

End Date

In Bus

Out Bus

In Time

Out Time

In Bus Stop

Out Bus Stop

Late Bus

Miles Transported

Parking Detail

Make

Model

Color

Plate Number

Parking Permit

District Defined Elements

Bus Rider

☐

Alt Bus Street Number

Alt Bus Prefix

Alt Bus Street

Alt Bus Tag

Alt Bus Direction

Alt Bus Apt

Alt Bus City

Alt Bus State

Alt Bus Zip

Alt Address Purpose

Adult Residing at Alt Address

Adult's Phone Number

() - x

Comments for First Student

Comments for School Staff

Car rider with Mom

Second Car Make

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

Jefferson City Public Schools
Elementary Transportation Form
School Year 12 - 13

Date: 7-20-12 Student Name: Scoby Doo
Address: 1234 Scoby Doo Drive
School: East Grade: 4

Does your student plan to use JCPS bus services throughout the year? ☒ Yes ☐ No

If yes, JCPS bus services will be used for the purpose of ☒ Pick Up ☒ Drop Off

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 Provided by Daycare*
*Daycare Name & Address: _____

Phone: _____

If your student will **routinely** ride a JCPS bus to an address **other than the primary address**, please list it below:

****Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible****

This alternate address will be used for the purpose of ☐ Pick Up ☐ Drop Off

Name and phone number of individual(s) that reside at the above address:

Name _____ Phone # _____

Your child will be sent home each day as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

Parent/Guardian Name (Please Print) Parent

Signature Parent Date 7-20-12

For Office Use Only – NOTES:

Transportation Detail

*Calendar

12-13 East Elementary School

*Start Date

8/16/2012

End Date

In Bus

Out Bus

In Time

Out Time

In Bus Stop

Out Bus Stop

Late Bus

Miles Transported

Parking Detail

Make

Model

Color

Plate Number

Parking Permit

District Defined Elements

Bus Rider

Alt Bus Street Number

Alt Bus Prefix

Alt Bus Street

Alt Bus Tag

Alt Bus Direction

Alt Bus Apt

Alt Bus City

Alt Bus State

Alt Bus Zip

Alt Address Purpose

Adult Residing at Alt Address

Adult's Phone Number

Comments for First Student

() - x

Comments for School Staff

Second Car Make

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
information onto the
Transportation Tab
when a student is a
bus rider and does
NOT have an
alternate bus address