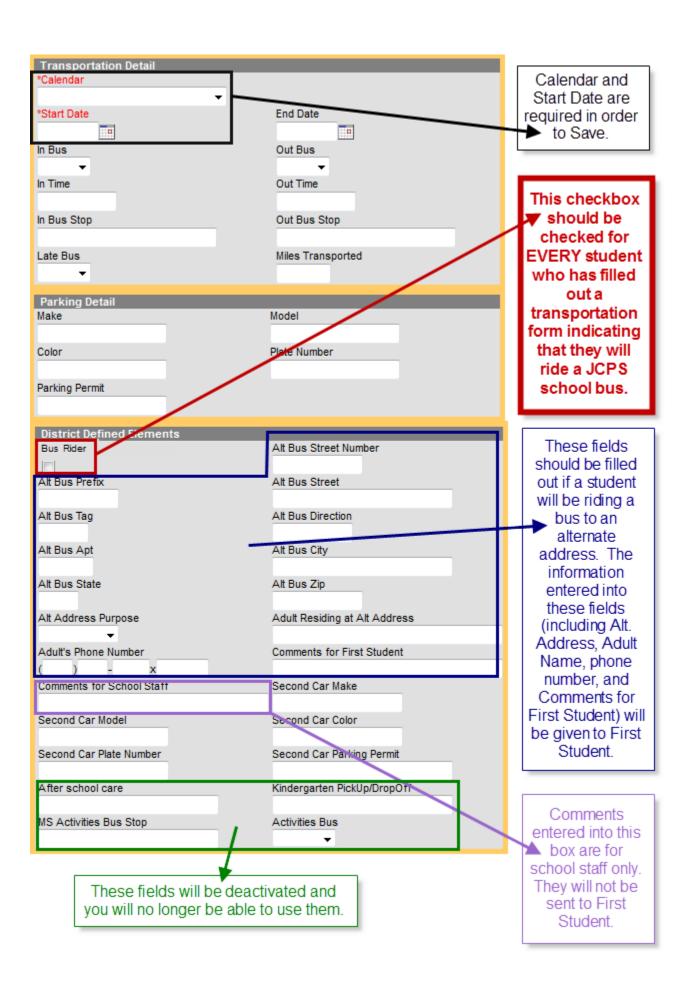
## Secondary Transportation Form

## All parents fill out these boxes to Jefferson City Public Schools indicate whether or not their child Secondary Transportation Form will ride a JCPS bus during the School Year \_\_\_\_\_-\_\_\_ school year. If "Yes" is chosen, mark the "Bus Rider" checkbox on Date: \_\_\_\_\_ Student Name: \_\_\_\_ the Transportation Tab. Address: School: Does your student plan to use JCPS bus services throughout the year? ☐ Yes ☐ No Use this box if a If yes, JCPS bus services will be used for the purpose of DPick Up Drop Off child will be transported If your student will routinely ride a JCPS bus to an address other than the primary address. ROUTINELY to/from please list it below: an address OTHER \*\*Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible\*\* than their Primary Address. (Primary & Alt Address must both be bus eligible) This alternate address will be used for the purpose of □ Pick Up □ Drop Off This information Name and phone number of individual(s) that reside at the above address: should be recorded on the Transportation Tab. Parent/Guardian Name (Please Print) \_\_\_ Eor Office Use Only – NOTES:

Revised July 2012



Transportation Detail Jefferson City Public Schools \*Calendar Secondary Transportation Form 12-13 Jefferson City High Scho School Year 12 - 13 \*Start Date End Date 08/16/2012 -Date: 7-20-12 Student Name: Jane In Bus Out Bus Address: 1234 Jaubird Ln School: Simonsen Grade: Out Time In Time Does your student plan to use JCPS bus services throughout the year? Yes DNo In Bus Stop Out Bus Stop If yes, JCPS bus services will be used for the purpose of X Pick Up X Drop Off Miles Transported Late Bus If your student will routinely ride a JCPS bus to an address other than the primary a dress, please list it below: \*\*Please note - the alternate address can only be that of a guardian/daycare and must also be bus eligible\*\* Parking Detail 8765 Jay Way JC MO 65101 Model Color Plate Number This alternate address will be used for the purpose of ⋈ Pick Up □ Drop Off Parking Permit Name and phone number of individual(s) that reside at the above address: 565-6555 Mark Doe (father) Phone # **Listrict Defined Elements** Bus, Rider Alt Bus Street Number Parent/Guardian Name (Please Print) 8765 2012 Signature / Alt Bus Prefix Alt Bus Street Jay For Office Use Only - NOTE Alt Bus Tag Alt Bus Direction Way Alt Bus Apt Alt Bus City Jefferson City Alt Bus State Alt Bus Zip 65101 Alt Address Purpose Adult Residing at Alt Address 1: Pick Up ▼ Mark Doe (Father) Adult's Phone Number Comments for First Student 555 ) 555 \_ 5555 AM Father's House; PM Primary Address Second Car Model Second Car Color Second Car Plate Number Second Car Parking Permit The "Comments for First Kindergarten PckUp/DropOff After school care Student" field is very important as it conveys detailed MS Activities Bus Stop Activities Bus information to First Student.

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 Secondary Transportation Form School Year 12 - 13

ddress: 333 Main	Name: John Doe
chool: UCHS	Grade: 10
Does your student plan to use JCPS bu	is services throughout the year? Yes INO
	or the purpose of X Pick Up X Drop Off
please list it below:	PS bus to an address other than the primary address that of a guardian/daycare and must also be bus aligible**
This alternate address will be used for Name and phone number of individual	
CONTRACTOR	Phone #
CONTRACTOR	Militaria
27013425	Militaria
Parent/Guardian Name (Please Print) _	Parent
Parent/Guardian Name (Please Print) _	Militaria
Parent/Guardian Name (Please Print) _ Signature	Parent
Parent/Guardian Name (Please Print) _ Signature	Parent
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arent/Guardian Name (Please Print) _ ignature	Parent
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Parent/Guardian Name (Please Print) _ Signature <u>Poven</u> +	Parent
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Parent/Guardian Name (Please Print) _ Signature <u> </u>	Parent
Parent/Guardian Name (Please Print) _ Signature	Parent
Parent/Guardian Name (Please Print) _ Signature	Parent

Transportation Detail	
*Calendar	
12-13 Jefferson City High Scho ▼	
*Start Date	End Date
08/16/2012	
In Bus	Out Bus
<b>▼</b>	T = 1
In Time	Out Time
la Bua Ctaa	Out Bus Stee
In Bus Stop	Out Bus Stop
Late Bus	Miles Transported
▼	
Parking Detail	
Make	Model
Color	Plate Number
Color	Plate Number
Parking Permit	
District Defined Elements	
Bus <sub>)</sub> Rider	Alt Bus Street Number
Alt Bus Prefix	Alt Bus Street
AIL DUS FICIL	All bus street
	Law and the second
Alt Bus Tag	Alt Bus Direction
Alt Bus Apt	Alt Bus City
Alt Bus State	Alt Bus Zip
, in Dec Clare	200 2.5
A	11.00 -17110.111
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 model	Second car color
Second Car Plate Number	Second Car Parking Permit
After school care	Kindergarten PickUp/DropOff
MS Activities Bus Stop	Activities Bus
ino Activities dus otop	ACTIVITIES DUS

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