## Jefferson City Public Schools Secondary Transportation Form School Year 2019-2020

Student Name:	Grade:
Student's Primary Address:	
School:	
Does your student plan to use JCPS bus services throughout the year? $\Box$ Yes $\Box$ No	
If yes, JCPS bus services will be used for t	he purpose of:
☐ AM Pick Up	☐ PM Drop Off
If your student will <i>routinely</i> ride a JCPS bus to an list it below.	address <u>other than the primary address above</u> , please
AM: Pick up at <u>Alternate</u> Address**	PM: Drop off at <u>Alternate</u> Address**
Address:	Address:
Name of adult residing at the address above:	Name of adult residing at the address above:
Phone#:	Phone#:
**Please note - Both your primary address and	these alternate addresses must be eligible for bus
transportation to/from	m the student's school. **
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Parent/Guardian Name (Please Print)	
Signature	Date
Signature	
For Office Has Only MOTEC	
For Office Use Only – NOTES:	
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