

Jefferson City Public Schools Secondary Transportation Form 2019 Summer School

Student Name: _____ Grade: _____

Student's Primary Address: _____

School: _____

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

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

AM: Pick up at Alternate Address**
 Address: _____

 Name of adult residing at the address above:

 Phone#: _____

PM: Drop off at Alternate Address**
 Address: _____

 Name of adult residing at the address above:

 Phone#: _____

**Please note - Both your primary address and 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:
