

(Return to school by April 5, 2019.)
This form must be completed.

I wish for my child, _____ (student's name)
to be enrolled in the 2019 Summer School program. My child will attend classes on a
regular basis.

Present grade: _____ Current School: _____

**JEFFERSON CITY SCHOOL DISTRICT
SUMMER SCHOOL EMERGENCY FORM**

Pupil's Name _____ Grade _____

Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Any notable health problems? _____

Any allergies? _____

Please list any medication your child is taking: _____

In case of an emergency, and I cannot be reached, please call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family doctor _____ Hospital preference _____

The school has my permission in case of emergency to transport my child to the nearest hospital if I cannot be reached.

Signature of Parent or Guardian _____

**This information sheet (completed and returned to your child's school) will
serve as confirmation of summer school enrollment.**

Jefferson City Public Schools Transportation Form 2019 Summer School

Student Name: _____ Grade: _____
 Student's Primary Address: _____
 School: _____

AM:	PM:
PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:	PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:
<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
<input type="checkbox"/> Walk	<input type="checkbox"/> Walk
<input type="checkbox"/> Car Rider with _____	<input type="checkbox"/> Car Rider with _____
<input type="checkbox"/> Transportation Provided by Daycare	<input type="checkbox"/> Transportation Provided by Daycare
Daycare Name: _____	Daycare Name: _____
Phone: _____	Phone: _____

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

<p>AM: Pick up at <u>Alternate</u> Address**</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of adult residing at the address above: _____</p> <p>_____</p> <p>Phone#: _____</p>	<p>PM: Drop off at <u>Alternate</u> Address**</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Name of adult residing at the address above: _____</p> <p>_____</p> <p>Phone#: _____</p>
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**Please note - Both your primary address and these alternate addresses must be eligible for bus transportation to/from the student's school. **

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:
