## Jefferson City School District

## 2020 Summer School

\*\*Please submit this document to the office at your student's school upon completion. Enrollment questions can also be directed to your school office.\*\*

Student Name: \_\_\_\_\_

Present Grade:

Student's Primary Address:

Current School: \_\_\_\_\_

## I wish for my child to be enrolled in the 2020 Summer School program.

**IMPORTANT:** Other than the transportation information collected below, staff will use the information already on file from the regular school year regarding phone numbers, emergency contacts, health, etc.

• Updates to phone numbers and emergency contacts may be updated in your parental portal account or by contacting the school office.

Are your emergency contacts different during summer school? If yes, log into your portal account or contact your school office.

Updates to health information (e.g. health conditions, medication, allergies, etc.) must be communicated by contacting the school nurse prior to the end of the regular school year.

<b>AM TRANSPORTATION:</b> PLEASE SELECT THE ONE PRIMARY MODE OF TRANSPORTATION:	<b>PM TRANSPORTATION:</b> PLEASE SELECT THE ONE PRIMARY MODE OF TRANSPORTATION:
Bus	Bus
Walk	🔲 Walk
Car Rider with	Car Rider with
Transportation Provided by Daycare Daycare Name: Phone:	Transportation Provided by Daycare Daycare Name: Phone:

If your student will *routinely* ride a JC Schools bus to an address <u>other than the primary address above</u>, please list it below.

PM: Drop off at Alternate Address\*\* **AM:** Pick up at Alternate 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 any alternate addresses must be eligible for bus transportation to/from the student's school. \*\* Parent/Guardian Name (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_