Jefferson City School District High School Transportation Form 2021 Summer School

Student Name:	Grade:
Student's Primary Home Address:	
School:	
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Does your student plan to use JC Schools bus services for summer school? Yes No	
If yes, JC Schools bus services will be used for the purpose of: \Box AM Pick Up \Box PM Drop Off	
If your student will ride a JC Schools bus to/from an a please list it below.	ddress <u>other than the primary home address above,</u>
*Please note - Both your primary home address and these altern the student's school.	ate addresses must be eligible for bus transportation to/from
AM: Pick up at Alternate Address*	PM: Drop off at Alternate Address*
Address:	Address:
Information for adult residing at this address:	Information for adult residing at this address:
Name:	Name:
Phone#:	Phone#:
IF alternate addresses are listed above, please indic	cate which will be the most frequently used
bussing address for morning and afternoon.	AM: Home Address Alternate Address
bassing address for morning and afternoon.	PM: Home Address Alternate Address
Parent/Guardian Name (Please Print)	
Signature	Date
For Office Use Only – NOTES:	