Transportation Information/Bus Request 2018-2019

Date_____

		Jesup	St. Athanasius
Student Name_____	**Grade**_____	☐	☐
_____	**Grade** _____	☐	☐
_____	**Grade**_____	☐	☐
_____	**Grade**_____	☐	☐

Parent Name _____

Address _____
Street

_____
City **State** **Zip Code**

First Contact Phone#_____ **First Contact Name** _____

Second Contact Phone #_____ **Second Contact Name**_____

Were you on a bus route last year? **Yes**☐ **No**☐

Driver's Name_____ **Bus #**_____ **Distance From School**_____

Children should be picked-up and dropped off at home each day - Yes☐ **No**☐

****PreK through 2nd grade will not be dropped off unless a parent/guardian is visible at home. If no one is visible and we are unable to contact you, the child will be brought back to school.****

If answer is no, please explain. Other Comments.

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