

JACKSON COUNTY PUBLIC SCHOOLS

TRANSPORTATION INFORMATION

(PARENTS PLEASE PRINT INFORMATION)

SCHOOL _____ GRADE _____

STUDENT NAME _____ DOB _____

PARENT/GUARDIAN NAME(S) _____

PARENT/GUARDIAN CONTACT # _____

DOES THIS STUDENT PLAN TO USE SCHOOL BUS TRANSPORTATION

_____ AM _____ PM

SPECIFY AM 911 ADDRESS _____
(ONLY ONE ADDRESS)

SPECIFY PM 911 ADDRESS _____
(ONLY ONE ADDRESS)

(Please allow two business days for assignment to be completed. First week of school is not included in this.)

Parent/Guardian Signature

Date

Assistant Principal Signature

Date

Data Manager Signature

Date

Please only fill out this form if your child is going to ride the bus. A new form must be filled out every new school year.

Thank you,

JCPS Transportation Department

For Office Use ONLY/REV.11/2023

AM Bus # _____ P/Up Times: _____ Pick Up Instructions _____

PM Bus # _____ Drop Off Instructions _____

Parent/Student Notified _____ Date _____