SJCP Bus Rider Emergency Card
(Please print all information)
2026-2027

ROUTE_____

Student's Name: _____

Grade: _____

Parent's Names: _____

Address: _____

Telephone: Home: _____ Cell: _____

Mom daytime #: _____Dad Daytime #: _____

Email address: _____

Additional Emergency Contact:

Name: _____ Relation: _____

Telephone: _____