Transportation Information/Bus Request 2024-2025

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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