

**JACKSON COUNTY PUBLIC SCHOOLS  
TRANSPORTATION INFORMATION**  
(PARENTS PLEASE PRINT INFORMATION)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

DOES THIS STUDENT PLAN TO USE SCHOOL BUS TRANSPORTATION  
\_\_\_\_\_ AM \_\_\_\_\_ PM

SPECIFY AM 911 ADDRESS \_\_\_\_\_  
**Home / Other** (ONLY ONE ADDRESS)

SPECIFY PM 911 ADDRESS \_\_\_\_\_  
**Home / Other** (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

(Verify primary address with Unique Street Name report.)

**Please only fill out the form if your child is going to ride the bus. A new form must be filled out even if the student rode the bus last school year.**

Thank you,  
JCPS Transportation Department