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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