

**JOHN CURTIS CHRISTIAN SCHOOL**

**2024-25 TRANSPORTATION FORM**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Contact's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SELECT TRANSPORTATION PAYMENT PLAN FOR 2024-2025 YEAR:**

☐ A.M. ONLY

☐ BOTH WAYS

☐ 1 PAYMENT

☐ P.M. ONLY

☐ 3 PAYMENTS

☐ **TRANSPORTATION IS NOT NEEDED FOR 2024-25**

**TRANSPORTATION INFORMATION**

Pick-Up Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

☐ Check here if the Pick-Up Address and the Drop-Off Address are the same

*Note - Additional charges will apply for different pick-up and drop-off locations.*

Drop-Off Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_