

JOHN CURTIS CHRISTIAN SCHOOL

2026-27 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 2026-27 YEAR:

☐ **A.M. ONLY**

☐ **BOTH WAYS**

☐ **1 PAYMENT**

☐ **P.M. ONLY**

☐ **3 PAYMENTS**

☐ **TRANSPORTATION IS NOT NEEDED FOR 2026-27**

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: _____