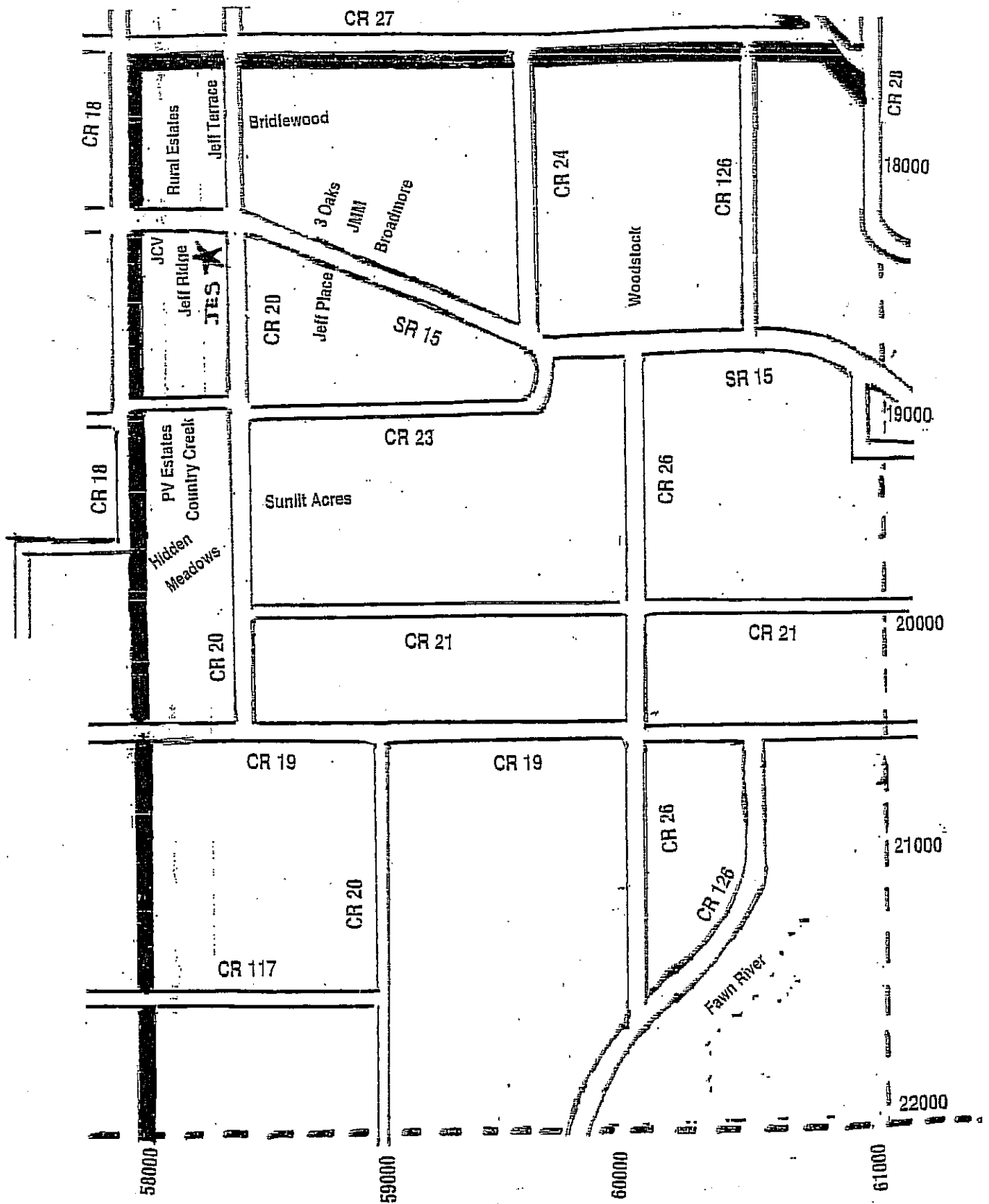


JEFFERSON ELEMENTARY



Date: _____

ALTERNATE BUS REQUEST

A.M. Alt. Address: _____

Name of Sitter: _____

Phone: _____ A.M. Bus _____

P.M. Alt. Address: _____

Name of Sitter: _____

Phone: _____ P.M. Bus _____

_____ Occasionally _____ Everyday

HOME ADDRESS INFORMATION

Student Name: _____ Class: _____

Parents: _____

Home Address: _____

Subdivision: _____

Phone: _____

A.M. Bus: _____ P.M. Bus: _____