

Pupil Transportation and Student Emergency Contact Information

Circle Day(s): Morning Bus Needs: M T	W TH F Pick up Poir	nt:				
Afternoon Bus Needs: M	T W TH F Drop off Poin	nt:				
Student Name(s)	Воу	Girl	Homeroom	Grade		
						
	 JP Student from Bus Stop:_					
			Alt#			
Mother or Guardian(Print):				 		
Address:						
Mom: Work#	Cell#		Home#			
Father or Guardian(Print):						
Address:						
Dad: Work#	Cell#		Home#			
Emergency Contact Names:		Phone Number(s):				
☐ I hereby authorize	Odyssey to allow my middle	e school	student to be dropped off v	without supervision.		
	Odyssey to allow my middle without adult supervision (ving elementary school		
☐ My student will not	be allowed to leave the bu	ıs stop w	ithout adult supervision.			
Parent Signature:						
Date:						