

Bus Ticket Application



John K. Zupko
 Transportation Coordinator
 Phone: 201-309-2961
 Fax: 201-915-6786
jkupko@jcboe.org

JERSEY CITY PUBLIC SCHOOLS
Transportation Department
 346 Claremont Avenue
 Jersey City, New Jersey 07305

For Transportation Use Only

INELIGIBLE <input style="width: 40px; height: 20px; vertical-align: middle;" type="checkbox"/>
Mileage: _____

Parent/Guardian Name: First _____ Last _____

Parent/Guardian Home No.: _____ Cell No.: _____

School Year: _____ School: _____ Submitted by: _____
Principal/Designee

FOR SCHOOL USE ONLY

Student Name State ID No.	Gender	Student Address	Date of Birth	Grade	Bus Line
	Male <input type="checkbox"/> Female <input type="checkbox"/>				Montgomery & Westside <input type="checkbox"/> NJT <input type="checkbox"/> NJT W/Transfer <input type="checkbox"/>

1st 7 Weeks

Ticket Nos.	Total	Signature /Date

2nd 6 Weeks

Ticket Nos.	Total	Signature /Date

3rd 6 Weeks

Ticket Nos.	Total	Signature /Date

4th 6 Weeks

Ticket Nos.	Total	Signature /Date

5th 6 Weeks

Ticket Nos.	Total	Signature /Date

6th 6 Weeks

Ticket Nos.	Total	Signature /Date

--

Completed By/Date
 Revised 1/12/16