



Upper Arlington City Schools Transportation Request Non-Public - Community – Charter

Please print legibly – ONE STUDENT PER FORM.

STUDENT INFORMATION

Student Last Name: _____ First Name _____ Middle Initial _____

Date of Birth: _____ Grade: _____ Gender: _____ Primary Phone #: () _____

Address: _____ Zip: _____

Resident School Name: _____

Name of School Transportation Requested to: _____ Enroll Date: _____

PARENT/GUARDIAN INFORMATION AND CERTIFICATION

Mother/Guardian Name: _____

Home Phone: () _____ Cell #: () _____ Work #: () _____

Email: _____ Can we reach you by text: Yes ___ No ___

Father/Guardian Name: _____

Home Phone: () _____ Cell #: () _____ Work #: () _____

Email: _____ Can we reach you by text: Yes ___ No ___

Emergency Contact Name: _____

Relationship to Student: _____ Phone: () _____ Other Phone #: () _____

My signature certifies that the above information is current and correct. I will notify the school **immediately** if any of the above information changes.

Parent / Guardian Signature: _____ Date: _____

Return form to: 1950 N. Mallway, Upper Arlington, Ohio 43221 no later than June 30
Email: busstophelp@uaschools.org

Upper Arlington City Schools Transportation Department Use Only - Do not write below this line

Service Provided (Check Only One): _____ School Bus _____ Reimbursement _____ Start Date: _____

Bus route #:

Time/Location:

Processed by: