



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

Should your request be approved, you will be contacted by the Transportation Department. They will provide you with information regarding the location of bus stop, approximate time of pick-up, and bus number.

### STUDENT INFORMATION

Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Main Contact: (614) \_\_\_\_\_

Address: \_\_\_\_\_

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: Upper Arlington City Schools, 1950 N. Mallway, Upper Arlington, Ohio 43221**

**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: \_\_\_\_\_