

Upper Adams School District
Non-Public/Charter School Student
Transportation Request Form
School Year _____

Check one:

_____ I request Upper Adams School District to transport my child to the below named non-public/charter school.

_____ *I do not wish to request transportation from Upper Adams School District at this time.*
Please complete Name, Address and Birthdate, school & grade

Student Name _____ Birth date _____

Parent(s) or Guardian(s) Name(s) _____

Address (include mailing address) _____

City _____ State _____ Zip _____

Home Phone # _____ Mother's Work Phone # _____ Father's Work # _____

Cell Phone # _____ e-mail _____

Non-Public School Attending _____ Grade _____

Concise description of location student is to be picked up in the morning, must be same stop Monday through Friday (include road # and name):

Concise description of location student is to be dropped off in the afternoon, must be same stop Monday through Friday (include road # and name):

In the event of an emergency, such as an early dismissal due to inclement weather, please list an alternate person to pick up your child should we be unable to deliver them to the above stop and we are unable to reach a parent or guardian.

Alternate Name _____ Phone # _____

Address (include road # and name) _____

City _____ State _____ Zip _____

Does the student have a medical condition that the school district and/or bus driver should know about? _____ Yes _____ No

If Yes, please explain.

Signature of Parent _____

Date _____