Return To:
Huber Heights City Schools
Transportation Department
7450 Taylorsville Rd
Huber Heights, OH 45424

800.10
2/16

TRANSPORTATION TO NON PUBLIC SCHOOL

Student to be transported:

_____ _____
Name DOB Grade

_____
Address

_____
Parent

_____
Parent Address (if different from student)

_____
Telephone

_____
Name of School

_____
Address of School

_____
Superintendent or Principal Signature

****

This section is to be completed only if School attending is a non-public school

School has been approved by the State of Ohio: _____Yes _____No

Student Enrollment Date: _____ Starting Date: _____

_____
Signature of School Principal

****

This section is to be completed by Huber Heights City Schools

The above Student has been: _____ Approved _____Disapproved

School request is for: _____Transportation _____ Reimbursement

Date Board approved or disapproved: _____

_____
Signature
Huber Heights City Schools Transportation Supervisor