



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: _____ Contact 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: Upper Arlington Schools, 1619 Zollinger Rd. Upper Arlington, OH 43221

Email: schoolbusquestions@uaschools.org **No Later than June 30th**

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: _____