



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: 1950 N. Mallway Dr., Upper Arlington, Ohio 43221 no later than June 30
schoolbusquestions@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: _____