



To: Principal, School Administrator and Enrollment Office
From: Susan Schweitzer, Director of Transportation, Upper Arlington City Schools
DATE: April 24, 2018
Subject: Request for Transportation for Upper Arlington students

In accordance with Ohio Revised Code 3327.01 and school board policy, the Upper Arlington City School District will provide transportation or payment in lieu of transportation for students in grades K-8 who live in the Upper Arlington City School District and who choose to attend a non-public or community school that is greater than 1.25 miles and within 30 minutes travel time from their public school of assignment.

To be considered for transportation services, the parent/guardian of a student enrolling or already enrolled in your school must submit the attached form. These forms must be submitted to the district annually so that staff in our Transportation Department can make appropriate arrangements.

We would gratefully appreciate if you could help us by **providing the attached form to all students who reside in the Upper Arlington City School District**. This will help us in providing the best service possible to your students who reside in Upper Arlington.

Transportation routing and planning begins in June; therefore, **it is important for us to receive this information before July 1, 2018**. This way the District can assess whether or not it is "practical" for the District to provide transportation services to your students. This also allows us to make arrangements for transportation and to notify your families in a timely manner. Requests that are received after the deadline may be declared impractical.

If you have any questions, please let me know.

Respectfully,

Susan Schweitzer
Director of Transportation
Upper Arlington City Schools
614-487-6477



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: _____ Primary 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, Upper Arlington, Ohio 43221 no later than June 30
Email: busstophelp@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: