

**Upper Adams School District  
2020-2021 Non-Public Student  
Transportation Request Form**

Check one:

I request Upper Adams School District to transport my child to the below named non-public 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 \_\_\_\_\_