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 ____________________