



REQUEST FOR TRANSPORTATION

UTICA COMMUNITY SCHOOLS TRANSPORTATION DEPARTMENT

Please complete the following and return it to the school office if your child requires bus transportation for the coming school year. Bus transportation will not be provided for any student who has not submitted this form.

Please complete one form for each child.

DATE: _____ SCHOOL YEAR: _____ SCHOOL: _____

PLEASE PRINT

LAST NAME: _____ FIRST: _____ MI: _____

DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE _____ CELL PHONE NUMBER: _____

WORK PHONE: _____ ALT PHONE NUMBER: _____

EFFECTIVE DATE: _____ EMERGENCY CONTACT: _____

MY CHILD WILL REQUIRE TRANSPORTATION:
(CHECK WHICHEVER APPLIES)

AM _____ PM _____ BOTH _____

PARENT/GUARDIAN SIGNATURE _____

FOR OFFICE USE ONLY

BUS# _____ PICK UP TIME: _____

PICK UP POINT: _____

If your child will be requiring transportation from a location other than your home, please contact the Transportation Department at (586) 797-7100. Under no circumstance will a student be allowed to board the bus from any location other than their assigned stop without prior, written approval from UCS Transportation Department. The location other than your home must be everyday 5 days per week. Routes and bus stops are subject to change and reviewed yearly, including consolidation.