

REQUEST FOR TRANSPORTATION



**UTICA
COMMUNITY
SCHOOLS**

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: 2025-2026 SCHOOL: Parkway Christian

LAST NAME: _____ FIRST: _____ DOB: _____

GRADE YOUR CHILD WILL BE IN FOR THIS TRANSPORTATION REQUEST: _____

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 _____

Please indicate below which Hub location your child will be using:

_____ Havel Elementary

_____ Beck Elementary

_____ **UTICA High School**

_____ Ebeling Elementary

_____ Burr Elementary

_____ Stevenson High School