

NORTHERN LEBANON SCHOOL DISTRICT
Transportation Office
PO BOX 100, FREDERICKSBURG, PA 17026
(717) 865-2117, EXTENSION 2529

NON-PUBLIC REGISTRATION INFORMATION
(to be completed for all NLSD residents)

SCHOOL: _____ 1st day of school: _____

PUPIL'S NAME: 1. _____ SEX ____ GRADE ____ D.O.B. _____
S.S. # _____

(Use lines 2-5 for 2. _____
other students for S.S. # _____

whom all other 3. _____
information is S.S. # _____

the same.) 4. _____
S.S. # _____

5. _____
S.S. # _____

ADDRESS: _____ ZIP CODE _____

HOME PHONE: _____

FATHER'S NAME: _____ ADDRESS: _____

Employer: _____ PHONE # _____

MOTHER'S NAME: _____ ADDRESS: _____

Employer: _____ PHONE # _____

EMERGENCY DAYTIME PHONE #: _____ NAME: _____

(CIRCLE ONE)

Is transportation requested? Y or N Please complete directions to your home, along with
description of your residence: _____

Will student be picked up and dropped off at some location other than home? Y or N

If yes, give details (Ex.- pickup at babysitter, Mrs. Smith, 123 W Market St , Jonestown 865-5555, white ranch home):

Medical information/history to be shared with the bus driver (Allergies, medical conditions, etc.)

Signature of parent/guardian: _____ Date: _____