

NORTHERN LEBANON SCHOOL DISTRICT
Transportation Office
PO BOX 100, FREDERICKSBURG, PA 17026
717 865-0541, 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) (CIRCLE ONE)
Is transportation requested? Y or N Do prior trans. arrangements remain the same? Y or N
If this is new transportation, 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: _____