

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: \_\_\_\_\_