

**GREATER NANTICOKE AREA SCHOOL DISTRICT
NON-PUBLIC TRANSPORTATION REQUEST &
BUS EMERGENCY INFORMATION**

PLEASE PRINT ALL INFORMATION BELOW:

STUDENT'S NAME : _____

ADDRESS: _____
(No.) (street) (city) (state) (zip)

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

SCHOOL: _____

GRADE FOR 2009-2010 SCHOOL YEAR: _____

AM BUS NUMBER: _____ PM BUS NUMBER: _____

BUS STOP REQUEST (PLEASE BE SPECIFIC): _____

SPECIAL MEDICAL CONDITIONS: _____

ANY MEDICATION THE STUDENT IS TAKING: _____

***NAME AND DAY PHONE NUMBER OF PARENT/GUARDIAN WHO
SHOULD BE CONTACTED IN THE EVENT OF A BUS EMERGENCY***

NAME: _____

RELATIONSHIP TO ABOVE STUDENT: _____

EMERGENCY PHONE NUMBER: _____ CELL # _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (please print): _____