

**GREATER NANTICOKE AREA SCHOOL DISTRICT  
NON-PUBLIC TRANSPORTATION REQUEST & BUS  
EMERGENCY INFORMATION  
2017-2018 SCHOOL YEAR**

**PLEASE PRINT ALL INFORMATION BELOW:**

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(No.) (street) (city)

HOME PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

MUNICIPALITY (City or Township): \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE : \_\_\_\_\_ (2017-2018) SCHOOL YEAR)

AM BUS NUMBER: \_\_\_\_\_ PM BUS NUMBER: \_\_\_\_\_

BUS STOP (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: \_\_\_\_\_ ALT. # \_\_\_\_\_

EMERGENCY PHONE NUMBER ALTERNATE #2 : \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

