

**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)

(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: \_\_\_\_\_

