

GREATER NANTICOKE AREA SCHOOL DISTRICT
BUS EMERGENCY INFORMATION
2016-2017 SCHOOL YEAR

PLEASE PRINT ALL INFORMATION BELOW:

STUDENT'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ (No.) (street) (city) CELL: _____

MUNICIPALITY (City or Township): _____

SCHOOL: _____

GRADE : _____ (2016-2017 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): _____