

NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

3417 Church Road, Easton, PA 18045

610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

Pennsylvania Bus Transportation Request Form

Name of Student:

Date of Request:

Student ID:

Date of Birth:

Address:

Grade: 9 10 11 12

City, State, ZIP:

Male

Female

Name of School Attending:

Notre Dame High School

Effective Date:

Name of Public School District
in which child is staying:

Please indicate the following (Check A *or* B)

A. I **DO NOT** request transportation at this time. Student will drive or is parent transported.

B. I **DO** require transportation at this time AM PM Both

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Guardian 1 Info

Parent/Guardian 2 Info

Name (Please print):

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Parent/Guardian Signature:

Emergency Contact Names & Phone Numbers (other than parents/guardians):

Name:

Phone:

Cell:

Name:

Phone:

Cell:

This is a fillable PDF form. You may complete it on your computer and then save it. You may then email it to jbrinker@ndcrusaders.org, send it via the post office (use the address above), or hand deliver to Notre Dame High School.