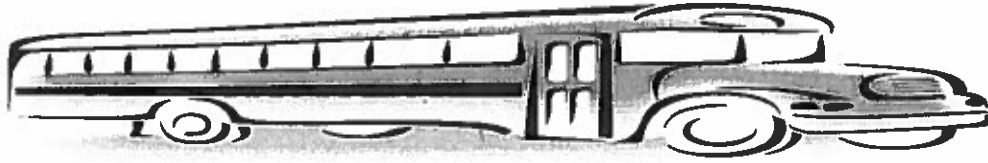


THE NORTH SCHUYLKILL SCHOOL DISTRICT



TRANSPORTATION DEPARTMENT GUARDIANSHIP FORM
(_____) SCHOOL YEAR

Child's Name: _____

Child's Grade: _____

Building Attending: _____

Parent Name: _____

Address: _____

Telephone Number: (_____) _____ - _____ Home
(_____) _____ - _____ Work

Guardians Name: _____

Address: _____

Telephone Number: (_____) _____ - _____ Home
(_____) _____ - _____ Work

Relationship to guardian: _____

(Parent signature)

(Notary Information)

Date: _____

(Guardian's signature)

Date: _____

THIS GUARDIANSHIP FORM IS VALID FOR THE CURRENT SCHOOL YEAR ONLY.

This form MUST be notarized! Please use the back of this form for additional information)

The approval of this form will be based on the available seating on the requested school bus

(Office use only)

cc: Transportation Office: _____ Main Office: _____ Bus Driver: _____