

NORTH UNION LOCAL SCHOOL DISTRICT  
PUPIL TRANSPORTATION CARD

\_\_\_\_\_ *Grade Level*

\_\_\_\_\_ *Bus Number*

\_\_\_\_\_ *Driver*

*Student's Name* \_\_\_\_\_ *Date enrolled* \_\_\_\_\_

*Student Age:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Home address:* \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_

*Parent's Name* \_\_\_\_\_ *Area Code and Phone #:* \_\_\_\_\_  
*Home Work*

*Check here if this is an Open Enrollment Student:* \_\_\_\_\_ (*will be picked up at nearest in-district stop*)  
*Note ANY SPECIAL MEDICAL CONDITIONS:*

\_\_\_\_\_  
*Other special instructions for driver:* \_\_\_\_\_

**Special Note: If you are requesting pick-up or return to a location other than the home address, an alternative transportation request form must be completed.**