

Local "In Town" BUS SERVICE REQUEST FORM

Complete and return form to:

Nebraska City Public Schools District Office or Your Students School

1700 14th Avenue

Nebraska City, NE 68410

Phone: 402-873-6033 Fax: 402-873-6030

Parent/Guardian Name: _____

Home Phone: _____ **Day Phone:** _____

Address: _____

Email: _____ **Number to Text:** _____

Emergency Contact Name and Phone: _____

Emergency Contact's Relationship to Children: _____

Child's Name: _____ **Grade:** _____ **Teacher:** _____

Circle Selection Below (Please only Select 1 pick up and 1 drop off)

AM Pick Up: High School Middle School Hayward Northside Lourdes

AM Drop Off: High School Middle School Hayward Northside Lourdes

PM Pick Up: Middle School Hayward Northside Lourdes

PM Drop Off: High School Middle School Hayward Northside Lourdes

Child's Name: _____ **Grade:** _____ **Teacher:** _____

Circle Selection Below (Please only Select 1 pick up and 1 drop off)

AM Pick Up: High School Middle School Hayward Northside Lourdes

AM Drop Off: High School Middle School Hayward Northside Lourdes

PM Pick Up: Middle School Hayward Northside Lourdes

PM Drop Off: High School Middle School Hayward Northside Lourdes

Additional Information: _____

DATE TO BEGIN SERVICE: _____

Signature

Date