



TRANSPORTATION FORM

EL-001
Rev. DEC 2019

OEN: _____

New Student – previous school: _____

Changing and/or Updating a Student’s Record

Joint Custody: Use Form #: EL-004-1 Transportation Request for Joint Custody

Demitted Student / Date: _____

REQUESTED EFFECTIVE DATE: _____, **20** _____

3 full business days are required to arrange transportation and advise all parties involved, **except during the school start-up period. Changes received after July 31 may take up to 3 weeks to process.** Transportation is the parent’s responsibility until transportation arrangements have been confirmed.

STUDENT’S NAME:		
SCHOOL:	GRADE:	<input type="checkbox"/> French Imm. <input type="checkbox"/> Extended French Imm. <input type="checkbox"/> Program:
HOME ADDRESS: <small>(complete with city/municipality)</small>		POSTAL CODE:
PARENTS/GUARDIAN NAME:	<u>TRANSPORTATION NOT REQUIRED:</u>	
PRIMARY TELEPHONE NUMBER:	<input type="checkbox"/> School Daycare <input type="checkbox"/> AM <input type="checkbox"/> PM	
ADDITIONAL TELEPHONE NUMBER(S):	<input type="checkbox"/> Parents Driving	
	<input type="checkbox"/> Walking	

TRANSPORTATION REQUIRED:

<u>AM Pick-up Address:</u> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare	<u>PM Drop-off Address:</u> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare
<u>Name of Sitter/Telephone Number:</u>	<u>Name of Sitter/Telephone Number:</u>

_____ Date

_____ Signature of Parent/Guardian

SCHOOL USE ONLY UPDATED TRILLIUM / ASPEN FAXED TO NPSSTS 705-472-3170