



OPTIONAL ZONE FORM

Student's Name: _____ D.O.B. _____
 Parent/Guardian: _____
 Home Address: _____ Home Phone: _____
 Pick up address: _____
 Drop Off Address: _____ Current Grade: _____
 Home Zone School: _____ Out of Zone School Placement Request: _____

I have read, understood and agree to the "Optional Zone Attendance" of The Near North District School Board and understand I am responsible for providing transportation for my child/children to and from school unless Student Transportation Services determines that busing may be available at no added cost to the Board. I understand that application is due annually no later than June 1st for consideration for the following school year.

DESCRIBE SPECIAL CIRCUMSTANCES FOR STUDENT TO ATTEND AN ALTERNATE SCHOOL:

Parent will provide OWN transportation for student? Yes No

Signature of Parent/Guardian

WHAT IS THE REQUESTED START DATE?: _____

SCHOOL Use Only: AFTER PARENT/GUARDIAN COMPLETES APPLICATION FORM, PLEASE FOLLOW THESE STEPS:

Step #1 _____
Receiving/Optional Zone School Principal's Signature Date
 Decision/Comments: Approve Decline

Step #2 _____
Home Zone School Principal's Signature Date
 Decision/Comments: Approve Decline

◆ PLEASE FAX: 705-472-3170 OR EMAIL: info@npssts.ca THE CONSORTIUM ONCE BOTH PRINCIPALS HAVE SIGNED OFF ◆

TRANSPORTATION CONSORTIUM'S Use only:

The NNDSB approved a Board motion in April 2014. Please refer to the back of this sheet for further information.

- Transportation Approved (To be put in place at no additional cost to the Board)
- Transportation Denied (Parent Responsibility)

Comments: _____

Step #3 _____
 Consortium will return form to receiving/optional zone school. Receiving school will advise family.
 Receiving School: _____ Date: _____