



Nipissing - Parry Sound

# TRANSPORTATION FORM

## Changing and/or Updating a Student's Record

\*Please do not use this form for students in shared custody (alternating weeks).  
Instead please use Form #: EL-004-1 Transportation Request for Joint Custody

## New Student – previous school: \_\_\_\_\_

OEN NUMBER: \_\_\_\_\_

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.

<b>STUDENT'S NAME:</b>	
<b>SCHOOL:</b>	<b>GRADE:</b> <input type="checkbox"/> Extended French Imm. <input type="checkbox"/> French Imm. <input type="checkbox"/> Program: _____
<b>HOME ADDRESS:</b> <small>(complete with city/municipality)</small>	<b>POSTAL CODE:</b>
<b>PARENTS/GUARDIAN NAME:</b> <small>(please circle one)</small>	<b>HOME TEL. NUMBER:</b>
<b>WORK OR EMERGENCY TEL. NUMBERS:</b> →	Mom #: _____ Dad #: _____ Mom Cell: _____ Dad Cell: _____ Additional Numbers: _____

<b><u>Pick-up Address:</u></b>	<input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transp.
Sitter/Daycare Address: _____	Postal Code _____
Sitter/Daycare Name & Tel.: _____	

<b><u>Drop-off Address:</u></b>	<input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transp.
Sitter/Daycare Address: _____	Postal Code _____
Sitter/Daycare Name & Tel.: _____	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**SCHOOL USE ONLY**

UPDATED TRILLIUM

FAXED TO NPSSTS 705-472-3170