



TRANSPORTATION CONFIRMATION FORM
OPT IN /OPT OUT

This form is intended to be used when:

- a) notifying the NPSSTS that your child, although eligilble for transportation will not be using the student transportation services or,
- b) you have previously opted out and wish to reinstate the use of student of transportation services.

In cases of joint custody, direction must be given by each individual parent for the days where they have custody of the the student(s).

If you intend to make alternate arrangements for your child to travel to and from school every day, please complete this form and return it to the NPSSTS. The NPSSTS will update their records and advise your child’s school.

If you have more than one student, use one form for each. The OEN is the nine digit number Ontario Education Number which can be found on a student report card.

Student’s first and last name :	OEN :
School :	Grade :
Pick up/drop off address <u>from</u> which you are Opting out or <u>to</u> which you are Opting back in: Pick Up address : Drop Off adress:	

OPT-OUT

<input type="checkbox"/> I have confirmed that my child is eligible for transportation and have chosen to opt out of student transportation services. I hereby direct the school board and NPSSTS to not provide transportation for my child to and/or the address above as follows:		
<input type="checkbox"/> No transportation in the morning	<input type="checkbox"/> No transportation in the afternoon	<input type="checkbox"/> No transportation whatsoever

OPT-BACK-IN

<input type="checkbox"/> I have previously advised the NPSSTS that my child, although eligible for transportation, has Opted out and has not been riding the bus. I am notifying the NPSSTS that my child now requires transportation services now and I request that they be reassigned to the school bus as follows:		
<input type="checkbox"/> Transportation in the morning required	<input type="checkbox"/> Transportation in the afternoon required	<input type="checkbox"/> Transportation for both AM and PM required

Parent/Guardian: _____ Date: _____
Please print

Signature: _____

Return to NPSSTS using one of the following:
Email: info@npssts.ca
Fax: (705) 472-3170