



District School Board of Niagara

Student Transportation

Information Add/Change Form

DATE: _____

DSBN SCHOOL: _____

STUDENTS NAME: _____

STUDENTS DATE OF BIRTH: _____

PICK UP ADDRESS: _____
CITY POSTAL CODE

DROP OFF ADDRESS: _____
CITY POSTAL CODE

START DATE OF BUSING NEEDED: _____

END DATE OF BUSSING NEEDED (IF NECESSARY): _____

PARENT/GUARDIAN SIGNATURE

DISCLAIMER: Personal Information on this form is collected under the authority of the Education Act, R.S.O 1990 c.E.2 as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carleton Street St. Catharines Ontario L2R 7P4