



### Student Information and Bussing Sheet

To be submitted by all students accessing Nbisiiing Bus Lines services. Bus form must be submitted **yearly**.

Please contact our office if your information changes throughout the school year.

A. Student's Information:					
First Name:		Middle name:		Last name:	
Male <input type="checkbox"/>	Date of Birth <small>YYYY/MM/DD</small>	School Year:	Grade:	10 Digit Band Registry No.(if applicable)	
Female <input type="checkbox"/>					
Home Address:				Band Name:	
City:		Prov:	Postal Code:	Home Phone:	
Health Card #:			Email Address:		
Mother/Guardian's Name:		Cell or Work#	Father/Guardian's Name:		Cell or Work#
B. School:					
Sturgeon Falls area transportation with NBISIING BUS LINES:					
<input type="checkbox"/> Our Lady of Sorrows		<input type="checkbox"/> E.E.C..Saint Joseph		<input type="checkbox"/> E. La Resurrection	
<input type="checkbox"/> E.S. Northern S.S.		<input type="checkbox"/> E.S. Franco Cite		<input type="checkbox"/> Jeunesse Active	
				<input type="checkbox"/> Whitewoods	
North Bay area transportation with NBISIING BUS LINES:					
<input type="checkbox"/> Alliance		<input type="checkbox"/> Woodlands Public School		<input type="checkbox"/> St. Alexander	
<input type="checkbox"/> E.S.Algonquin		<input type="checkbox"/> Mother St. Bride		<input type="checkbox"/> Nbisiiing S.S.	
<input type="checkbox"/> S.J. Scollard Hall		<input type="checkbox"/> Chippewa S.S.		<input type="checkbox"/> St. Hubert	
C. Access Alert					
<input type="checkbox"/> If access restriction in effect, please specify details:					
D. Transportation:					
Pick up Address:			Drop off Address		
<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Transportation not required			<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Transportation Not required		
Other Address: _____			Other Address: _____		
Other Name: _____			Other Name: _____		
Telephone: _____			Telephone: _____		
Relationship to Student:			Relationship to Student:		

#### E. Emergency contact:

Emergency contact if parent/guardian cannot be contacted:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#### Identification of Students for Education Activities

☐ I give consent without restrictions, for the name and/or photograph, and details of achievement of my child to be displayed and/or for recognition and affirmation purposes. PLEASE NOTE: This may include the Nipissing First Nation Education website/newsletter or local newspaper.

#### Health Alert

The following medical conditions such as severe allergies, eye glasses, etc. of which the Education Department and Nipissing Bus Lines should be aware:

\_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Doctor's Telephone # \_\_\_\_\_

- ☐ Health Alert                      ☐ Other: \_\_\_\_\_  
☐ Epipen  
☐ Puffer/Inhaler

☐ A permission form and emergency plan for administration of oral medication and/or EPI pen for Anaphylactic Management Life Threatening Conditions must be filled in. (Appendix D1, D2). The form is available at the Education Department and a copy must be provided to the bus driver.

Management of treatment of reaction:

- Student can recognize and treat reaction** ☐  
**Adult is required to assist student** ☐  
**Medical person is required** ☐

#### Authorization for Release and Exchange of Information: Appendix B

The release of information form attached must be signed by the parent /guardian in order for the education department to access information on your child from the four local school Boards we have service agreements with. The information received will be used to support the NFN Education Department Administrative responsibilities to determine student eligibility for financial supports, incentives, special services and information for reports. Parent/Guardian must check off boxes and sign the authorization for release of information.

The parent/guardian may cancel or change the above authorization(s) in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorizations(s). This authorization remains in effect as long as the student is enrolled with the Board or until it is revoked in writing.

(This information, held in confidence, is collected in accordance with the Tuition Agreement between Nipissing First Nation and the above noted School Board in compliance with Freedom of Information and Protection of Privacy Act.)