

# Woodland Bus Information

## 2018-2019

**CHANGES TAKE A MINIMUM OF 3 WORKING DAYS TO PROCESS**

**PLEASE NOTE:** When a PERMANENT change needs to be made, a REVISED bus information sheet must be completed and returned to the school office, or emailed to Transportation at trans@dist50.net, or you may fill out a new bus sheet online at www.dist50.net.

PRIMARY     
  ELEMENTARY     
  INTERMEDIATE     
  MIDDLE

**STUDENT INFORMATION** (PLEASE PRINT NEATLY; PLEASE FILL OUT COMPLETELY; 1 STUDENT PER FORM)

LAST NAME			FIRST			MI			
ADDRESS				APT #		CITY		ZIP CODE	
HOME PHONE		AGE		GRADE		BIRTH DATE		SEX	

CHILD LIVES WITH (CIRCLE):    PARENTS    MOTHER ONLY    FATHER ONLY    STEP/GUARDIAN    OTHER \_\_\_\_\_

FATHER/GUARDIAN NAME _____	MOTHER/GUARDIAN NAME _____
FATHER/GUARDIAN WK # _____	ALTERNATE # _____
MOTHER/GUARDIAN WORK # _____	ALTERNATE # _____
FATHER/GUARDIAN EMAIL _____	MOTHER/GUARDIAN EMAIL _____

PLEASE PROVIDE INFO FOR SOMEONE OTHER THAN YOURSELF

**NAME & RELATIONSHIP:** \_\_\_\_\_

**EMERGENCY PHONE #:** \_\_\_\_\_

**YOUR CHILD WILL BE ASSIGNED ONE STOP FOR PICK UP AND ONE FOR DROP OFF**

PLEASE CHECK HERE IF YOU WANT THE STOP CLOSEST TO HOME

<b>ALTERNATE LOCATION</b>					
<b>BEFORE SCHOOL:</b>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F
NAME: _____	ADDRESS: _____				
PHONE #: _____					
<b>AFTER SCHOOL:</b>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F
NAME: _____	ADDRESS: _____				
PHONE #: _____					

IF YOUR START DATE EXCEEDS THE CUSTOMARY 3 DAYS PLEASE LIST YOUR DESIRED START DATE HERE

\_\_\_\_\_

DESIRED START DATE

\*\*\*\*\*DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD KNOW?\*\*\*\*\* (THESE WILL BE KEPT STRICTLY CONFIDENTIAL)

\_\_\_\_\_

\_\_\_\_\_ **PARENT / GUARDIAN SIGNATURE**      \_\_\_\_\_ **DATE**

<b>DISTRICT USE ONLY</b>	
NEW _____	REVISED _____
SCHOOL RECEIVED DATE: _____	
TRANSPORTATION START DATE: _____	
DATE PARENT NOTIFIED: _____	

POR RECEIVED : \_\_\_\_\_

Don't forget to sign up  
 for our Emergency  
 "REMIND" Alerts at  
[www.dist50.net](http://www.dist50.net)