

# Woodland Bus Information

## 2020-2021

**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

<u>ALTERNATE LOCATION</u>					
<b>BEFORE SCHOOL:</b>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	H <input type="checkbox"/>	F <input type="checkbox"/>
NAME: _____					
ADDRESS: _____					
PHONE #: _____					
<b>AFTER SCHOOL:</b>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	H <input type="checkbox"/>	F <input type="checkbox"/>
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 download our new MY STOP APP by Versa Trans on your mobile phone."  
<https://versatransweb04.tylertech.com/woodland/onscreen/mystop/login/mobile.aspx>

