

SPECIAL TRANSPORTATION 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.

CIRCLE: **PRIMARY** **AM** **PM** **ALL DAY** **WELE** **EC** TEACHER: _____
 ELEMENTARY **EAST** **WEST** **INTERMEDIATE** **MIDDLE**

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

LAST NAME		FIRST		NICKNAME		MI
ADDRESS			APT #	CITY		ZIP CODE
HOME PHONE	AGE	GRADE	BIRTH DATE	SEX	WEIGHT (LBS)	

CHILD LIVES WITH: _____ MOTHER _____ FATHER _____ BOTH _____ OTHER _____ STEP/GUARDIAN

FATHER'S NAME

MOTHER'S NAME

FATHER'S WORK #

ALTERNATE # (CELL, PAGER)

MOTHER'S WORK #

ALTERNATE # (CELL, PAGER)

FATHER'S EMAIL

MOTHER'S EMAIL

PLEASE PROVIDE INFO FOR SOMEONE OTHER THAN YOURSELF

NAME & RELATIONSHIP:

EMERGENCY PHONE #:

PLEASE FILL OUT IF YOU WOULD LIKE YOUR STUDENT TO BE ASSIGNED SOMEWHERE OTHER THAN HOME

ALTERNATE LOCATION:

BEFORE SCHOOL

AFTER SCHOOL

M T W H F

M T W H F

NAME _____

ADDRESS _____

PHONE NUMBER _____

SEAT BELTS ARE REQUIRED FOR ALL STUDENTS RIDING ON A SMALL BUS

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

DESIRED START DATE _____

"Don't forget to download our new MY STOP APP by Versa Trans on your mobile phone.

"<https://versatransweb04.tylertech.com/woodland/onscreen/mystop/loginmobile.aspx>

NEW _____ REVISED _____

TRANSPORTATION RECEIVED DATE: _____

TRANSPORTATION START DATE: _____



WHAT MAY WORK FOR MY CHILD:

_____ IGNORE LANGUAGE _____ SHORT, CLEAR DIRECTIONS _____ EYE CONTACT

_____ NO MATERIALS AT SEAT _____ DO NOT TOUCH _____ SIT ALONE

OTHER: _____

THE FOLLOWING ITEMS MUST BE TRANSPORTED: _____

MEDICAL: (THIS WILL BE KEPT STRICTLY CONFIDENTIAL)

IS YOUR SON/DAUGHTER ON ANY ROUTINE MEDICATION? _____ YES _____ NO

IF SO, WHAT TYPE? _____

STUDENT'S METHOD OF COMMUNICATION: _____

BEHAVIOR CONCERNS: _____

IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOUR CHILD? _____

ALL WHEELCHAIR STUDENTS:

MUST HAVE SEAT BELT ON! MUST HAVE PROPERLY WORKING BRAKES!

WHEEL CHAIR _____ YES _____ NO

TRAY: _____ YES _____ NO

SAFETY VEST: _____ YES _____ NO

NECK COLLAR: _____ YES _____ NO

OTHER: _____

MY STUDENT CAN GET OFF THE BUS:	
<input type="checkbox"/>	WITH THE FOLLOWING RESPONSIBLE PARTIES: _____
<input type="checkbox"/>	PARENTS ONLY
<input type="checkbox"/>	BY THEMSELVES (EC/WELE MUST HAVE A RESPONSIBLE PARTY)



PARENT / GUARDIAN SIGNATURE

DATE