



ST PATRICKS BUS SHEET

2019-2020

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.

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

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

DISTRICT USE ONLY	
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**