

Woodland District
Private School Bus Information
 2009-2010

Please Note: When a PERMANENT change needs to be made, a REVISED bus information sheet must be completed and returned to the school office.
THE CHANGE TAKES A MINIMUM OF THREE WORKING DAYS TO PROCESS.

*****Must supply a copy of a home utility bill with this bus form.*****

ST. PATRICK SCHOOL

STUDENT INFORMATION (PLEASE PRINT) (PLEASE FILL OUT COMPLETELY)

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

Child lives with (circle): Parents Mother Only Father Only Step/Guardian Other: _____

 Father/Guardian Name

 Mother/Guardian Name

 Father/Guardian Work # Alternate #

 Mother/Guardian Work # Alternate #

EMERGENCY PHONE #: NAME & RELATIONSHIP:
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YOUR CHILD WILL BE ASSIGNED ONE STOP FOR PICK UP AND ONE FOR DROP OFF

IF YOUR CHILD WILL BE TRAVELING TO OR FROM ANY TYPE OF CHILD CARE AT A DIFFERENT LOCATION, PLEASE COMPLETE THE FOLLOWING INFORMATION. OTHERWISE, A BUS STOP WILL BE ASSIGNED USING THE HOME ADDRESS.

BEFORE SCHOOL:

SITTER/DAY CARE/CHILD CARE NAME: _____

SITTER/DAY CARE/CHILD CARE ADDRESS: _____

SITTER/DAY CARE CHILD CARE PHONE #: _____

AFTER SCHOOL:

SITTER/DAY CARE/CHILD CARE NAME: _____

SITTER/DAY CARE/CHILD CARE ADDRESS: _____

SITTER/DAY CARE CHILD CARE PHONE #: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD KNOW?

(THESE WILL BE KEPT STRICTLY CONFIDENTIAL.) _____

PARENT/GUARDIAN SIGNATURE

DATE

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DISTRICT USE ONLY	
NEW _____	REVISED _____
SCHOOL RECEIVED DATE:	_____
TRANSPORTATION START DATE:	_____
DATE PARENT NOTIFIED:	_____

TRANSPORTATION OFFICE USE ONLY	
BUS STOP	_____
A.M. RT #:	_____ TIME: _____
P.M. RT #:	_____