

Woodland District  
**Private School Bus Information**  
 2010-2011

*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 #

<b>EMERGENCY PHONE #:</b> <b>NAME &amp; RELATIONSHIP:</b>
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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 #:	_____