Family ID#_____ Student ID#_____

ST PATRICKS BUS SHEET

2026-2027

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 ☐ T ☐ W ☐ H ☐ F ☐

NAME:
ADDRESS:
PHONE #:

AFTER SCHOOL: M ☐ T ☐ W ☐ H ☐ F ☐

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 : _____

https://versatransweb04.tylertech.com/woodland/elinkrp/Login.aspx
"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