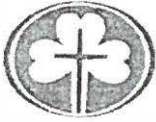


Family ID# _____

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

<u>ALTERNATE LOCATION</u>					
<u>BEFORE SCHOOL:</u>	☐ M	☐ T	☐ W	☐ H	☐ F
NAME: _____					
ADDRESS: _____					
PHONE #: _____					
<u>AFTER SCHOOL:</u>	☐ 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/elinkep/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>