

IMPORTANT INFORMATION FOR WOODLAND BUS RIDERS

Woodland School District requires **ONE** Proof of residency per family to be attached when a bus form is submitted.

Acceptable Proof of Residency includes:

Current Real Estate Bill

Current Monthly Mortgage Statement or Coupon

Signed and Dated Lease

Utility Bill (Gas, Electric, Waste Management)

Bank Statement

Family ID# _____

Student ID# _____

ST GILBERTS BUS SHEET

2022-2023



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>						
BEFORE SCHOOL:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F	IF YOUR START DATE EXCEEDS THE CUSTOMARY 3 DAYS PLEASE LIST YOUR DESIRED START DATE HERE <input type="text"/> DESIRED START DATE
NAME: _____						
ADDRESS: _____						
PHONE #: _____						
AFTER SCHOOL:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F	
NAME: _____						
ADDRESS: _____						
PHONE #: _____						

*****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>

