

## 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

## 2024-2025

**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](mailto:trans@dist50.net), or you may fill out a new bus sheet online at [www.dist50.net](http://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						
<b>BEFORE SCHOOL:</b>	<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="checkbox"/> _____ DESIRED START DATE
NAME: _____						
ADDRESS: _____						
PHONE #: _____						
<b>AFTER SCHOOL:</b>	<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"](https://versatransweb04.tylertech.com/woodland/onscreen/mystop/loginmobile.aspx)

