



ST GILBERTS BUS SHEET

2025-2026

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. No PM bus service will be offered.

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

PLEASE CHECK HERE IF YOU WANT THE STOP CLOSEST TO HOME IN THE MORNING

ALTERNATE LOCATION					
BEFORE SCHOOL:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F
NAME: _____					
ADDRESS: _____					
PHONE #: _____					
					IF YOUR START DATE EXCEEDS THE CUSTOMARY 3 DAYS PLEASE LIST YOUR DESIRED START DATE HERE
					_____ DESIRED START DATE
<p>***Woodland will offer transportation services in the morning only. Parents/Guardians are responsible for afternoon transportation.***</p>					

*****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://buswhere.com/>
<https://versatransweb04.tylertech.com/woodland/onscreen/mystop/loginmobile.aspx>

