

# TRANSPORTATION APPLICATION FORM

## LAMERS BUS LINES – MOSINEE SCHOOL DISTRICT

*This application form must be filled out **PRIOR** to the start of **each school year by August 1st** by all families that have school age children in the school district who desire transportation. This form is also to be used to notify us of any new families with school age students entering the district and for existing students that have changed addresses or have updates.*

**Please email or mail immediately to:**

Today's Date: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

NEW STUDENT(S): \_\_\_\_\_ CURRENT STUDENT(S): \_\_\_\_\_ CHANGE of ADDRESS/INFO: \_\_\_\_\_

**Name of Students/Children: (PLEASE PRINT CLEARLY)**

LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL ATTENDING

Rev 06/21/16

**LAMERS BUS LINES, INC**  
 590 W State Hwy 153  
 Mosinee, WI 54455

Email: [dianegorman@golamers.com](mailto:dianegorman@golamers.com)  
 Phone: (715) 814-1481 Option: 2

Or drop it off at the  
**LAMERS BUS LINES**  
 590 W State Hwy 153  
 Mosinee, WI 54455

Will you be using bus transportation this year?    \_\_\_ YES    \_\_\_ NO

Home Address: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

**Name of Parents/Guardian:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_

Fathers Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mothers Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency contact person if parents cannot be reached: \_\_\_\_\_

Name Phone

Will there be a baby-sitter or daycare involved in the transportation of your children?    \_\_\_ YES    \_\_\_ NO

**\*\*If YES, please complete and return the DAYCARE/BABY-SITTER AUTHORIZATION form\*\***

I acknowledge that I have reviewed the Bus Rider Rules, Guidelines and Expectations with my children: \_\_\_\_\_ YES