

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
 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