

4K New Student School Bus Registration Form

This form is to be filled out at registration and turned in at the 4K agency/provider. We will require an adult that you deem responsible, have **visual contact** of your child when picked up or dropped off by the bus. Please indicate on the space below who this person will be. Please allow up to five 5 working days to process your form. After 5 working days, please contact LAMERS BUS LINES at 715-298-6110 for pick-up and drop-off times and location. All bus run information is developed according to your home address. *If you need transportation to and/or from childcare, please check here (____) and complete the "Request for Transportation Change" form.*

4K Agency/Provider: _____ Date: _____

Parent Last Name: _____ First Name: _____

Visual Contact Person's Last Name: _____ First Name: _____

Home Address: _____

Phone: _____ Start Date: _____

Email address: _____

In case of emergency (if above parent cannot be reached), please contact:

Last Name: _____ First Name: _____ Phone: _____

Child Last Name	Child First Name	School ID #

Dear Parent(s),

Part of our mission at Lamers Bus Lines is to provide for the safety of your child(ren) while on our bus. To help us accomplish this please provide information for your child(ren) regarding any special medical conditions (i.e., diabetes, anaphylactic reactions/allergies, needs special assistance getting on or off the bus, etc.). Any information you provide will be kept confidential and shared only with the child's driver and/or bus monitor.

Child's name: _____

Please describe special conditions: _____



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