

# 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, to 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 five working days, please contact LAMERS BUS LINES at 715-298-6110 for pick-up and drop-off times and location. All bus route 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 you may wish to 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: \_\_\_\_\_