LAMERS
The Passenger Professionals®

3805 Concord Avenue • Weston, WI 54476 • Phone: 715-298-6110 • 40groupsb@golamers.com

REQUEST FOR TRANSPORTATION

Effective Date: _____

- This is a request for: (please select one)

☐ new transportation ☐ change of permanent address ☐ guardian/day care information

Student Name	Grade	School	School Last Attended	Student ID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****

Parent Name_____ Home Phone_____

Home Address_____ Work Phone_____

Email address:_____

If you are filing this change because you have moved, please provide your former address:

_____

In case of emergency (if above parent cannot be reached), please contact:
Last Name: _____ First Name: _____ Phone: _____

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Guardian/Day Care Must Reside Within Your Same Attendance Area

Name of Guardian/Day Care: _____ Phone: _____

Address of Guardian/Day Care: _____

Days of the Week to Guardian/Day Care **Pickup:** (check) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Dropoff: (check) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Transportation will be arranged from/to ***home address* on any unchecked days above.**

☐ **CHECK HERE IF YOU DO NOT NEED ANY TRANSPORTATION ON ABOVE UNCHECKED DAYS**

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Please describe special medical conditions per child if applicable (i.e., diabetes, anaphylactic reactions/allergies, special assistance on/off bus, etc.): _____

_____

_____

Please Allow Five Working Days For Approval Or Denial. You Will Be Notified By Email When Approved

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I, the student's parent/legal guardian, request the changes mentioned above and give Lamers Bus Lines, Inc. legal permission to alter the regular pick-up or drop-off point, and agree to abide by the transportation policy as set forth by the D.C. Everest Board of Education.

_____ _____

Signature of Parent/Guardian Date

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