

SCHOOL DISTRICT OF DENMARK
4 YEAR OLD KINDERGARTEN TRANSPORTATION FORM

Complete and return by July 15 if new to district or busing/ address change. Lamers Bus Lines Inc. 452 N Wall St Denmark, WI 54208

This form will be sent to the District Office for bus scheduling.

Name of Child: _____ Birthdate: _____

Parent(s) Name: _____ Telephone: _____

Mailing Address:	Fire Number / P.O. Box	Street	
	City/Village/Town	State	Zip Code

Will your child ride the bus? _____ Yes _____ No

Does your child have any handicap or disability? _____ Yes _____ No

Explain:

In what municipality do you reside? _____

If using **DAYCARE PROVIDER** or **different address** please include **NAME, ADDRESS, PHONE NUMBER AND DIRECTIONS** for **both** the A.M. AND P.M. sessions. **Students may only ride their assigned bus.** Assignments to the AM or PM sessions are based primarily on bus routing and will be assigned during the summer.

Pick up **IF A.M. class: Address/Name/Phone if different than home**

Drop off **IF A.M. class: Address/Name/Phone if different than home**

Pick up **IF P.M. class: Address/Name/Phone if different than home**

Drop off **IF P.M. class: Address/Name/Phone if different than home**

You will be contacted by mail or phone when arrangements have been made.
Lamers Bus Lines Transportation Coordinator 920-367-2075, ext. 13211