



Howard-Suamico School District

2706 Lineville Rd, Green Bay, WI 54313

Phone: 920-662-7878; Fax 920-662-9777

Special Request for Transportation Change Form

This form is to request an alternative location for student bus transportation for pick up/drop off locations other than the student's home address school. **THIS FORM MUST BE SUBMITTED EACH SCHOOL YEAR by AUGUST 15.**

Unless an emergency, return this completed form to Lamers Bus Lines at 1934 Cardinal Ln, Green Bay, WI 54313, Fax to 920-434-5200, or email to: 10groupSB@golamers.com at least 10 days before effective date of request. If you have any questions regarding busing, contact Lamers at 920-434-5100.

Parent/Legal Guardian Name _____ Relationship to Student _____

Address _____

Phone _____ Email _____

From the address listed above, select the Elementary attendance boundary school your child currently resides at:

- Bay Harbor Forest Glen Howard Meadowbrook Suamico

Student Name	School Attending	Grade
1.		
2.		
3.		
4.		
5.		

Present PICK-UP Point: _____

Requested PICK-UP Point: _____

Present DROP OFF Point: _____

Requested DROP-OFF Point: _____

Effective Date: _____ Duration of Request: _____

Reason for Request: _____

I understand that this request, if approved, is for the **current school year only**. Changes in pick-up and drop-off location in future school years must be requested by completing this form **each** year. I also acknowledge that this is a variance from the normal transportation route instructions, and waives any claims and hold the Howard-Suamico School District and Lamers Bus Company harmless from any liability or damages which might arise as a direct or indirect result of the requested transportation change.

Signature of Parent/Legal Guardian _____ Date _____

Print Name _____

LAMERS BUS LINES REVIEW:		<input type="checkbox"/> Recommend Approved	<input type="checkbox"/> Recommend Denied
Reason for Disapproval: _____			

SCHOOL DISTRICT REVIEW:			
Registrar	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> n/a
Asst. Superintendent:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> n/a
Date	_____	Initial	_____
Date	_____	Initial	_____
Reason for Denial _____			

