

Student Transportation Request Form

Palmer Bus Service/Lakeview Public Schools

Parent(s) First and Last Name(s):

Best Phone # for Palmer Bus to reach you:

Best Email for Palmer Bus to reach you:

Street address where you live:

City: _____ State: _____ Zip code: _____

Student 1 First and Last Name: _____

Student 1 grade: _____

Student 2 First and Last Name: _____

Student 2 grade: _____

Student 3 First and Last Name: _____

Student 3 grade: _____

Additional Students First and Last Names and grades:

What bus/route did your child(ren) ride last year? (circle all that apply)

1 2 3 4 5 6 7 8 9 Van Did not ride

Will your student(s) be PICKED UP at home? ____ YES ____ NO

If NO, where will your student(s) be picked up at (include name and address of location):

Will your student(s) be DROPPED OFF at home? ____ YES ____ NO

If NO, where will your student(s) be picked up at (include name and address of location):

Please list any allergies, medical, or behavior concerns your bus driver should be aware of:

Other items we should be aware of:

Completed form can be returned by:

Drop off at the school

Mail to:

Palmer Bus Service
305 E 4th St N
Cottonwood, MN 56229

Scan/email to:

laciet@palmerbusservice.com