

Helena Elementary School

2019-2020 Transportation Form

Directions: This form must be fully completed each time you change your child's transportation.

For the Week of: _____ **Circle one:** Temporary or Permanent

Student Legal Name: _____ (M / F) Grade Level: _____

Parent(s) Name: _____

Home Address: _____

Allergies/Medical Conditions: _____

Phone # (in order you would like to be contacted)

1) _____ 2) _____ 3) _____

E-mail Address: _____

Day:	Morning Transportation:			Afternoon Transportation:				
Monday	Daycare	Car	Bus	Car	Bus	Daycare	ASCP	Enrichment
Tuesday	Daycare	Car	Bus	Car	Bus	Daycare	ASCP	Enrichment
Wednesday	Daycare	Car	Bus	Car	Bus	Daycare	ASCP	Enrichment
Thursday	Daycare	Car	Bus	Car	Bus	Daycare	ASCP	Enrichment
Friday	Daycare	Car	Bus	Car	Bus	Daycare	ASCP	Enrichment

ASCP (After School Care Program): You must be registered with Community Education to attend.

Complete (if applicable):

Assigned Bus Number/Color: _____

Assigned Bus Stop: _____

Is your student allowed to get off the bus WITHOUT an adult present? (Circle one) YES NO

Enrichment: Please list the class your child will be attending. _____

Daycare Vans: Name of Daycare: _____

Parent Signature: _____

Note: Frequent changes of transportation are difficult for young students. Please try to be as consistent as possible to avoid confusion with dismissal.