

Helena Elementary School

2021-2022 Transportation Form

Date Completed: _____ Current Teacher: _____

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 Walker	Car Bus Daycare ASCP Enrichment Walker
Tuesday	Daycare Car Bus Walker	Car Bus Daycare ASCP Enrichment Walker
Wednesday	Daycare Car Bus Walker	Car Bus Daycare ASCP Enrichment Walker
Thursday	Daycare Car Bus Walker	Car Bus Daycare ASCP Enrichment Walker
Friday	Daycare Car Bus Walker	Car Bus Daycare ASCP Enrichment Walker

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

Complete (if applicable):

Assigned Bus Number/Color: _____ is this the first time your child has ridden the bus? _____

Assigned Bus Stop: _____

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

(All other students will be dropped off regardless unless you have made arrangements through the front office.)

Car Rider: Does your child have a sibling that attends HES? If so, what is their name and teacher?

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

Daycare Vans: Name of Daycare: _____

Parent Signature: _____