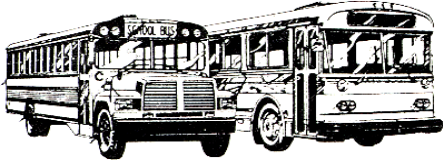


HELENA PUBLIC SCHOOL DISTRICT NO. 1



TRANSPORTATION DEPT.

3020 Big Sky Loop
Helena, Montana 59602
transportation@helenaschools.org
406-324-2100
2023-2024 School year only

The Helena Public Schools requires that special needs students be met at their afternoon school bus stop by a parent or legal guardian. The program was instituted to provide a safe environment for students that are most vulnerable to accidents when leaving the bus for home.

Please review the following information and check **ONE** option, sign and return the entire letter to our office (either by emailing signed copy or regular mail) if you would like to exercise your parental rights to have either someone other than you provide escort for your child or to opt out of the district's bus stop escort program.

Choose only one

_____ Opt-Out Parent signature _____

It is my understanding that Helena Public Schools has a procedure that requires a parent/legal guardian to meet special needs at the afternoon bus stop daily in an effort to enhance the safety and security of the most vulnerable student population. This procedure doesn't meet with my personal needs or desires; therefore, I would like to exercise my parental rights and option out of this program by allowing my child to be let off the bus without having a parent/legal guardian or designated person present.

--Or-- Choose only one

_____ Escort permission Parent Signature _____

It is my understanding that Helena Public Schools has a procedure that requires a parent/legal guardian to meet special needs students at the afternoon bus stop daily in an effort to enhance the safety and security of the most vulnerable student's population. This procedure doesn't meet with my personal needs or desires; therefore, I would like to exercise my parental rights and allow my child to be met by one of the following people (please indicate relationship and if person selected rides same bus).

Escort Names:

1. _____ 2. _____

3. _____ 4. _____

I have read and fully understand the aforementioned procedures and nature of my request, therefore I agree to indemnify and hold Helena Public Schools and First Student Transportation harmless for any and all injuries, accidents or other misfortunes that may occur to my child from the time that he/she is dropped off at their designated bus stop.

Student's Name: _____ PM ROUTE # _____

Parent/Guardian Name: _____ Date: _____

Address: _____

City/State: _____

Phone: _____

Parent/Guardian Signature: _____