

**Transportation Agreement 2025-2026**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_

Please check which days you need transportation:

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

School Bus departs from *(please circle appropriate school)* **Walker, Willow Wind, Helman, Trails School** at 2:50 pm  
Approximate time of drop off at Creative Connections Site: 3:05 pm

I give permission for my child to be transported between *(please circle appropriate school)* **Walker, Willow Wind, Helman, Trails School** and the Creative Connections After-School Program Site by the Ashland School District School Bus.

If my child is not at the designated pickup site, or does not arrive as planned, we will contact:

Parent or Guardian at (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ or the appropriate school, circled above, in order to confirm the child’s whereabouts, as well as devise a plan as needed to locate the child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE DATE