



Parental consent

I would like my child to use the Walking Bus.

S/He will join and leave their Bus at

(Location of bus stop)

S/He will use the Bus on the following days, unless I inform the Co-ordinator otherwise.
I understand that I must give at least two days' notice if the days shown below are to be altered.
(Please tick appropriate boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

- If for any reason I am unable to collect my child from the designated 'bus stop' I will contact the school or the Walking Bus Co-ordinator, prior to the bus leaving, to make appropriate arrangements.
- If for any reason I am unable to escort my child to the 'bus stop' in the morning I will contact the 'bus driver' or the Co-ordinator before they set out.
- I understand that if I miss the Bus, I am responsible for getting my child to school.
- I have read the guidelines and explained to my child the need for good behaviour.
- **I realise that my child's journey to school is still my responsibility even though s/he will be using the Walking Bus**

Signed

Print name
(parent/guardian/carer)

Child's name

Class

Tel No

Address

**1st
contact
Name**

**2nd
contact
Name**

Telephone Home

Telephone Home

Work

Work

Mobile

Mobile

e-mail

e-mail

Please return completed form to school

Additional relevant information about your child
(eg, disability, medical condition etc)
