

Walking school bus Consent form



I wish my child/children to use the walking school bus.

They will join and leave at the stop by (place)

Please print clearly:

	Child 1	Child 2	Child 3
Child's name			
Class			
Home address			
Home phone			
Emergency contact	Name:		Phone:

My child/children will be using the bus:

Child's name

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Child's name

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Child's name

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

- Please contact the driver by 8am if your child is not going to use the bus on their usual day or by 2.30pm if they won't be taking the bus home.
- I realise that my child's/children's journey to and from school is still my responsibility, even though they will be using the walking school bus.
- I have explained to my child/children the need for good behaviour.
- I will notify the rostered parent leader if there are any changes to my child's/children's walking school bus timetable.

Caregiver name:

Date:

Signature: