

Resource 6: Child roster for walking school bus

| Name | Age | Phone | Home address | Morning | | | | | Afternoon | | | | |
|------|-----|-------|--------------|---------|-----|-----|-----|-----|-----------|-----|-----|-----|-----|
| | | | | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
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The information collected in this form will be used by _____ [school name] for the purposes of implementing the Walking School Bus. The information will be held by _____ [insert name - may be both the School and the Coordinator] and only used for the Walking School Bus programme. Please contact _____ [insert coordinators name and phone number] if the information you have provided changes.

