Resource 7: Parent/caregiver roster for walking school bus

			Morning					Afternoon				
Name	**Phone**	**Home address**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**

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.