

Resource 9:

Walking school bus consent form

This form must be returned to school [or coordinator name] by: _____

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			
Parents' phone numbers	Work:	Mobile:	
Alternative contact name and phone	Name:	Phone:	

Child's name _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
After school					

Child's name _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
After school					

Child's name _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
After school					

- 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 read the guidelines and 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.

Parent/caregiver name: _____

Signature: _____

Please use an electronic signature or print this document when completed, then sign.

Date: _____

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.

