

The Walking School Bus

CONSENT FORM



I permit my child/children to use the Walking School Bus (WSB).

Please print clearly:

Children's name(s) _____

Class _____ Birthday(s) _____

Parent/guardian name _____

Address _____

Home ph _____ Work ph _____

Mobile _____ E-mail _____

Please name the WSB route your child/children will use:

Which day(s) and time(s) would you like your child to use the WSB?

Morning: Mon Tues Wed Thurs Fri

Afternoon: Mon Tues Wed Thurs Fri

My child/children will join at (location)

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The WSB needs adults like you to volunteer time for different activities occasionally. Your contact details will be passed on to our WSB coordinator who will be in touch with you soon to welcome you aboard. Please indicate what your family may be able to assist us with:

- Driving a bus one morning/afternoon a week
- Assisting with WSB events
- Designing informative flyers for WSB activities
- Sending out WSB birthday cards or new member packs
- Other areas you can help (please specify)

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- I realise that my child's journey to and from school is still my responsibility even though they will be using the WSB
 - I have read the WSB Road Safety Guidelines and explained to my child the need for good behaviour
 - I have explained the WSB Pledge to my child and we have both signed it
 - If my child/children make their own way to/from the bus stop I understand they are still my responsibility during this time

Signed (parent/guardian) _____ Date _____



For more information contact:

Email: walkingschoolbus@at.govt.nz
Web: at.govt.nz/walkingschoolbus