

GLADSTONE PRIMARY

WALKING SCHOOL BUS CONSENT FORM

I wish for my child/ren to use the Walking School Bus (WSB).

Child/ren's Names: _____

Classroom(s): _____ Birthday(s): _____

Parent/Caregiver Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

The WSB route my child/ren will use is:

- | | |
|--|---|
| <input type="checkbox"/> Super Sprout
Maybeck Road | <input type="checkbox"/> Rocket
Rossgrove Terrace (AM ONLY) |
| <input type="checkbox"/> Zippy
Woodward Road | |

My child/ren will join at (location): _____

The WSB will be used by my child/ren on these **mornings** (please tick):

Monday Tuesday Wednesday Thursday Friday

The WSB will be used by my child/ren on these **afternoons** (please tick):

Monday Tuesday Wednesday Thursday Friday

The WSB cannot run without parent drivers. Please circle at least one walk you can do above.

- I give permission for my child/ren to use the WSB.
- I realise that my child/ren's journey to and from school is still my responsibility even though they will be using the WSB.
- If my child/ren make their own way to/from the bus stop I understand that they are still my responsibility during this time.
- I have read the WSB Parent Information Booklet.
- I have explained the WSB Pledge to my child and we have both signed it.
- I have explained to my child the need for good behavior on the WSB.
- I understand that the WSB is run by parent volunteers and I volunteer to help.

Signed (Parent/Caregiver): _____ Date: _____