

Devonport Primary School -- Walking Bus Consent Form

I wish my child to use the _____ Walking School Bus.

He / she will join and leave at the stop by (place) _____

I realise that my child's journey to 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 about the need for good behaviour.

Signed _____ (parent/caregiver)

Print Name _____

PLEASE PRINT CLEARLY

Child's name: _____

Class: _____

Age: _____

Tel. no.: _____

Address: _____

My child will be using the bus at the following times (Please tick below)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Will you be assisting as a 'driver'? Yes / No

This scheme can only operate with parent supervision - e.g. this is a scheme whereby you as a parent may be a 'driver' for one morning a week and your children are walked to school by other parents the remaining four days a week.

Would your child like to wear our 'walking bus' raincoat?
(these coats are on loan from the school) Yes / No