

## WALKING SCHOOL BUS PARENT CONSENT FORM



I wish	my child (full name) .				to u	se the Kororoit
Creek	Primary School Walk	ing School Bus.				
He/sh	e will join the Walkin	g School Bus at	1 <sup>st</sup> Pick-up point	or	2 <sup>nd</sup> Pick-up point	(Please circle)
How w	vill your child get to t	the bus stop?				
My chi	ld will walk to the pi	ck-up point on th	heir own (unaccomp	anie	d) <b>Yes/No</b> (Plea	ase circle)
If no, p	olease advise the nan	ne of the person	s who will deliver yo	our ch	nild to the pick-up	point
1			Relationship to	Child		
2			Relationship to	Child		
•	my permission for ph nool and wider comm		•		•	ing School Bus to
Does your child have any medical condition or special needs that the Walking School Bus liaison person need to know? Yes / No (Please circle)						
Does y	our child have any al	lergies? Yes/N	No (Please circle)			
If yes, please outline details and instructions below.						
<ul> <li>I understand that the bus will leave on time at 8:30am sharp from 65 Inglewood Drive</li> <li>I have explained to my child about the need to listen to the 'bus driver' and about the need for good behaviour. I understand that misbehaviour may mean that my child cannot use the Walking School Bus</li> <li>The Walking School Bus is available on Friday mornings only</li> </ul>						
	Monday N/A	Tuesday N/A	Wednesday N/A	'	Thursday N/A	Friday
the pio	read the Walking Schck-up point by the de	nool Bus rules an signated time be	nd accept that it is mefore school.		ponsibility to ensu	·
rarent	/Guardian Signature	-		•••••	. Date:/	/











## WALKING SCHOOL BUS PICK-UP POINT MAP









