



I , would love r	my child to catch the Walking School Bus.
(please enter name)	
I believe:	
	s their journey to school, including on Walking School Bus days. I feel safe in aken and will take all precautions to ensure a safe walk, and have communicated
I pledge:	
 To help my child be ready on time at the meet up point. To prepare my child to follow volunteer coordinator directions. To address any special needs for my child independently. 	
 To address any special needs for my child independently. That I will contact the Volunteer Coordinator before 8am if my chil 	ld is not able to join on their usual day.
I promise:	
To take all precautions to ensure a safe walk and maintain communic	cation at all stages of the Walking to School bus process.
Name:	Contact phone number:
Address:	Email:
Signed:	Date:

TIP: In Adobe Acrobat, click the fountain pen icon on the top bar to sign this document digitally. In Apple Preview, use the 'Markup' tool to add a signature.

Please note: The Walking School Bus is not a School-based activity. It is run by parent volunteers.



I, promise to have a fun and so	afe Walking School Bus experience.
(please enter name)	
I believe:	
That the Walking School Bus will contribute to a happier and healthier school co	mmunity.
I pledge:	
That I will be a responsible and respectful member of the Walking School Bus	S.
That I will behave responsibly and respectfully with everyone on the bus.	
I promise:	
That I will listen to the Walking School Bus leaders and follow all stopping and cr	ossing instructions
That I will hotor to the Walking Corlect Bac loaders and lonew all stopping and or	
Name:	Date:
Signed:	Class:

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I, would love to volunte	eer for the Walking School Bus to help make
our school community happier and healthier.	
(please enter name)	
I pledge:	
 To obtain parent approval to seek medical assistance in the event of an acci parent/carer. 	ident, injury or illness arising during the trip. This will be at the cost of the
• To give advance warning when schedules change or will be suspended. Wa	lking School Buses will not operate in road weather alert conditions.
• To ensure a supervisory ratio of adults to children, a maximum of 10 children	n to 1 adult.
• To notify parents as soon as possible of any route changes due to unknown	on-journey hazards that would place participants at risk.
To exercise due care and caution at all times.	
☐ I can volunteer regularly	
☐ I can volunteer occasionally	
Name:	Contact phone number:
Address:	Email:
, id di 000.	
Signed:	Date:
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