**Enrolment Form**

***Walking School Bus (WSB)***

**One form per child**

**Part 1: Student and Family Details**

**Child’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_/\_\_/\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers - Mobile:\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers - Mobile:\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

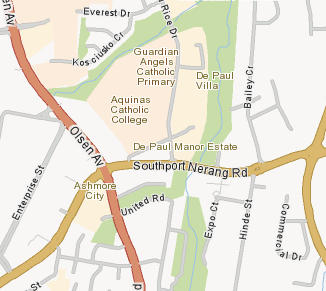
Phone Numbers - Mobile:\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_

*If you would like to nominate an alternative registered carer to deliver your child instead of the parent/guardians listed above, please provide their contact details below.*

**Registered Carer Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Students can only be signed in or out of the Walking School Bus by the parent/guardians and registered carers listed here.*

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**School**

**Start**

**Part 2: Student Health**

**Does your child have any allergies (e.g. insect bites, food)?**

NO / YES-Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your Child have any medical conditions or disability that may affect your child’s participation in the Walking School Bus?**

NO / YES-Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your child on any prescribed medication(s) which would be required to be continued or *administered* during the Walking School Bus?**

NO / YES-Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 3: STUDENT PLEDGE**

**Please discuss and complete the following with your child.**

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) agree to:   * listen to and follow instructions from the Walk Leaders; * behave safely and with respect to others; * Walk with the other children. * Follow school rules |

**PART 4: PARENT/GUARDIAN RESPONSIBILITIES**

**Please detail below, any further information you would like to give which, in your view, may affect your child’s participation in the Walking School Bus.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please read the Parent/Guardian responsibilities below and sign if you agree:**

I understand that parents/guardians:

* must indicate their child’s mobility or health conditions
* must accompany their child to the designated pick-up/drop off point at the designated time or arrange a registered carer to do so
* must sign in/out child to the Walking School Bus or arrange a registered carer
* must contact the Walk Leader if their child cannot participate in a walk
* must provide a phone number that will be answered by a parent or registered carer
* must teach their child the basics of road safety before enrolling them onto the Walking School Bus
* must explain to child appropriate safe behaviour when participating in the Walking School Bus and help manage any behaviour issues that may occur
* must ensure their child can carry their own bag while participating in the Walking School Bus
* must ensure their child carry suitable equipment to meet weather conditions i.e. a hat and water

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

**Please return the completed form to the school office reception for processing.**

***IMPORTANT: Your child cannot join the Walking School Bus until you have been contacted, and your enrolment confirmed.***

*Gold Coast City Council is collecting your personal information in order to establish the Walking School Bus. Your participation is voluntary. The information will only be used by authorised Council officers for the purpose of gathering initial information on the participants in the Walking School Bus and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.*

***Expression of Interest***

* **Yes! I would like to be contacted to discuss my interest in helping as a Walk Leader on the Walking School Bus. I understand this involves full training and working with the support of an enthusiastic team.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_