



SPA ACADEMY ASKERN



Spa Academy – Walking Bus Agreement

Name of child(ren) using the Walking Bus	Name:	Year group:
	Name:	Year group:
	Name:	Year group:
Please confirm which days your child(ren) will be using the Walking Bus	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Where will your child get off the walking bus? (this should be the nearest bus stop)	My child will leave the bus at:	
Will your child be met or walk home alone?	<input type="checkbox"/> My child will be met by an adult from the walking bus (if no adult is there to collect a child then they will stay with the staff on the walking bus and return to school) <input type="checkbox"/> My child may walk home alone after leaving the walking bus	
Contact in case of emergencies	Name:	Telephone:
	Name:	Telephone:
I give permission for the children named above to walk home from school on the agreed days with staff from Spa Academy. I take full responsibility for my child(ren) once they leave the walking bus and will either meet them at the agreed bus stop or give permission for them to walk the remaining journey home alone. I will support the school in promoting expectations of good behaviour whilst on the walking bus. I will contact school if I need to cancel or change the days agreed.		
Print Name:	Signed:	