



Dedicated to a better Brisbane



# Student Enrolment Form Rainworth State School

Note to School Administration – Please ensure this form is given to the School’s WSB Co-ordinator promptly – thanks

WSB Route: \_\_\_\_\_ Pick-up/ Drop Off Point: \_\_\_\_\_ Prep  Yes  No  
If you are unsure of the route name or drop off point please leave blank and school WSB Coordinator will complete

CHILD’S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

Email: \_\_\_\_\_

### IMPORTANT NOTICE

Please note: On occasion, it may be necessary to contact you in an emergency or to cancel a walk due to unforeseen circumstances. Is important that **you always** answer the contact numbers you have listed. Failure to answer these numbers **will jeopardise your child’s enrolment in this program. Thank You.**

HOME PHONE: \_\_\_\_\_ SIBLINGS (also enrolled on WSB): \_\_\_\_\_

PARENT/GUARDIAN 1  
Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

PARENT/GUARDIAN 2  
Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

You must contact the Walk Leader in case of not being available to collect your child. Children can only be signed in or out of the Walking School Bus by the parent/guardian or registered carers listed.

If you would like to nominate an alternative carer to collect or deliver your child instead of the parent/guardian please indicate their contact details below.

**Only parents and carers who are registered on our database can sign in or sign out a child to the Walking School Bus**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**School Use Only:** Add To WSB Management S/S  Contact Parent  Allocate Route  Add To Register  Send Welcome Letter

# Student Enrolment Form (Part 2)

## Health Questionnaire

If your child has any condition that the Council AST Officer believes may need medical clearance, you will be contacted and asked to get a clearance letter from your doctor stating that your child can safely perform the type of exercise required by the Walking School Bus program.

Does your child have any allergies (eg. insect bites, food)?

YES/NO If yes provide details.....

Does your child have any medical condition or disability that may affect your child's participation in the Walking School Bus?

YES/NO If yes provide details.....

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

YES/NO If yes provide details.....

## Passenger Pledge (Please discuss with your child)

I \_\_\_\_\_ (students name) agree to:

listen to and follow instructions from the Walk Leaders  
behave safely and with respect to others  
walk with the other children  
wear my safety vest.

### Passenger Pledge

Student's Signature here

Is there any other information you would like to give which, in your view, may affect your child's participation in the Walking School Bus? (before/after school activities)

YES/NO If yes provide details.....

## PARENTAL RESPONSIBILITIES - PLEASE READ AND SIGN THIS SECTION

- **Parents must provide a contact phone number that they will answer. Failure to answer a call on this number will jeopardise their child's registration in this program.**
- **Parents must indicate their children's mobility or health conditions.**
- **Parents must accompany their child to/from the designated pick-up/drop-off point at the designated time.**
- **Parents must sign in/ sign out children to or from the Walking School Bus.**
- **Parents must contact the Walk Leader and/or Council AST Officer if their child cannot participate in a walk. Failure to do this will jeopardise their child's registration in the program.**
- **Teach your child the basics of road safety before enrolling them onto the Walking School Bus.**
- I have read and understood my parental responsibilities and have provided complete and accurate information regarding my child's health. I am aware of the nature of the activity and agree to delegate my authority to the staff and Walk Leaders involved.
- In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.
- I give my child permission to participate in the BCC Walking School Bus Program

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to the school for processing. If you have any questions, please contact the School's WSB Coordinator

**IMPORTANT NOTICE – Your child cannot join the WSB until you have been contacted, and your enrolment confirmed, by the School's WSB Coordinator**