

NAME OF STUDENT

Permission/Registration for the Fairhope West Walking School Bus (WSB)

GRADE

Please return to the school office or via e-mail to walkingschoolbusfes@gmail.com in order to be registered for the WSB program. You will receive e-mail confirmation of your child's registration.

Please PRINT clearly.

NAME OF STUDENT	GRADE	
NAME OF STUDENT		
SAFETY: (allergies/medical/behavioral issues)		
PARENT/GUARDIAN NAME(S)		
CONTACT E-MAIL ADDRESS(ES)		
CONTACT E-MAIL ADDRESS(ES)		
CELL PHONE NUMBER(S)		
give permission for my child to participate in the Walking School Bus program and be phowalk with my child, but I do not need to walk as the WSB has adult, trained volunteers wal The WSB will walk on moderate rainy days, but if there is lighting or severe rain, parents w	lking with the children. Parents are responsible for all walking	
will not hold the City of Fairhope, Coastal Alabama Community College, Baldwin County Tresponsible for any accidents, injuries, or exposure to infectious diseases that may occur asserious accident, 911 will be contacted first. Then parents will be notified immediately.		
PARENT/GUARDIAN SIGNATURE	DATE	