



PERMISSION/REGISTRATION FORM FOR THE FAIRHOPE WEST ELEMENTARY SCHOOL WALKING SCHOOL BUS (WSB)

Please return 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 _____ GRADE _____

NAME OF STUDENT _____ GRADE _____

SAFETY: (allergies/medical/behavioral issues) _____

WALKING SIBLING(S): Please list information for siblings that will be walking regularly with your school-age student.

NAME OF CHILD _____ AGE _____

NAME OF CHILD _____ AGE _____

NAME OF CHILD _____ AGE _____

PARENT/GUARDIAN NAME(S) _____

Contact e-mail _____ CELL PHONE _____

I give permission for my child to participate in the Walking School Bus program and be photographed for promotional purposes. I understand I am welcome to walk with my child, but I do not need to walk as the WSB has adult, trained volunteers walking with the children. The WSB will walk on moderate rainy days, but if there is lighting or severe rain, parents will be responsible for getting their children to school.

I will not hold the City of Fairhope, Coastal Alabama Community College, Baldwin County Trailblazers staff or volunteers, or Fairhope West Elementary School responsible for any accidents, injuries, or exposure to infectious diseases that may occur as a result of participation in the WSB. I understand that in case of a serious accident, 911 will be contacted first. Then parents will be notified immediately.

PARENT/GUARDIAN SIGNATURE _____ DATE _____