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**Authorisation to Collect Child from School by Kimberley Kids Bus**

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| --- | --- |
| Child’s Name |  |
| Name of School |  |
| Class Room Number |  |
| Name of Teacher |  |

**Attendance Days Required (Please tick)**

**Week 1**

|  |
| --- |
| **Start Date:** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

**Week 2 (if applicable)**

|  |
| --- |
| **Start Date:** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be collected from the above Primary School by a staff member from Kimberley Kids and delivered to their booked service. Pick up is between 2-2:30pm from school. I understand there will be maximum 11 children and/or 2 adults on the bus at any time, and that each child will be wearing a seatbelt or in a safety restraint according to their age.

|  |  |
| --- | --- |
| Parent Signature  |  |
| Name |  |
| Date |  |