

SafeRoutes To School



Sonoma County Bicycle Coalition

WALKING/BICYCLING SCHOOL BUS ENROLLMENT FORM

I can walk or bike children to and/or from _____ school on the following days:

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon

From the following location: _____
Intersection

Starting at: _____ Mode (circle one): WALK BIKE
Time

Name: _____
Print

Address: _____
Street, City, Zip

Telephone: _____ Email: _____

Title of My Walking/Bicycling School Bus (i.e. Main Street Walking School Bus) _____

I agree to allow my Walking School Bus information, including my name and phone number, to be distributed in school communications, so parents who are interested in having their children join my walking/bicycling school bus may contact me. I am not obligated to allow children to join my walking school bus without their parent present, unless I am comfortable supervising those children and have exchanged contact information with the parent. I will ensure that there is adequate supervision of children who participate on my walking/bicycling school bus, during the time they are walking or biking to/from school with me (*suggested: 8 or less children per adult, or whatever I am comfortable with*).

Signature: _____ Date: _____



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