



School & Preschool Child Travel Form

Child Name/s: _____

School/Preschool Name: _____

Educator Name: _____

For the following points, please tick the relevant response in relation to your child and write the name of the authorised person if selected.

My child will:

- Be travelling to/from school in the educator's motor vehicle.
- Be walking to/from school **with** the educator (to/from the educator's service)
- Be walking to/from school **without** the educator and with no authorised person (to/from the educator's service)
- Be walking to/from school **with** _____ (to/from the educator's service)
- Be catching public transport to/from school (to/from the educator's service)
- Be walking to/from bus stop **with** the educator (to/from the educator's service)
- Be walking to/from bus stop **without** the educator and no authorised person (to/from the educator's service)
- Be transported to/from school **with** _____ (to/from the educator's service)
- I understand that Cabonne Family Day Care and the educator are not responsible for my child when they travel without the educator.
- I understand that I will contact the educator if there is a change from the School/Preschool Child Travel Form.
- I understand that I will contact the educator if the name of the authorised person is different from the School/Preschool Child Travel Form.
- I understand that the educator will contact the Parent/Guardian if a there is a change from the School/Preschool Travel Form, in a timely manner (if selected **with educator** on travel form).

Parent Name: _____ Signature: _____ Date: _____

Educator Name: _____ Signature: _____ Date: _____

Staff Member: _____ Signature: _____ Date: _____