



# The Federation of The Downs & Northbourne Church of England Primary Schools



*Executive Headteacher: Mrs C Karunaratna  
Senco: Mrs S Mitchell  
FLO: Mr M Turner*

**The Downs CEP School**  
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Kent CT14 7TL  
Tel: 01304 372486 Fax: 01304 380471  
Website: [www.downs.kent.sch.uk](http://www.downs.kent.sch.uk)  
Head of School: Ms T Leighton

**Northbourne CEP School**  
Northbourne  
Deal  
Kent CT14 0LP  
Tel: 01304 611376 Fax: 01304 621938  
Website: [www.northbourne-cep.kent.sch.uk](http://www.northbourne-cep.kent.sch.uk)  
Head of School: Mr F Westmorland

## Parental Permission Note & Pupil's Promise

School: **Northbourne CE Primary School**

Walking Bus route: **Northbourne Village hall → School & Return**



Child's name: .....DoB: .....

Are there any medical issues we should know about regarding your child? **Yes / No**  
If yes please specify .....

My child would like to use the walking bus:  
(delete as appropriate) : **MONDAY MORNING**  
**MONDAY AFTERNOON**

**Please note - children signed up for the Monday PM walking bus will be collected for the Walking Bus EVERY Monday afternoon and taken to the village hall car park unless the school Office is informed of other arrangements for them by noon on that day.**

Parent/Guardian: .....

Address / postcode: .....

Email : .....

Emergency Numbers: Home:..... Work:..... Mobile:.....

Please give details of an alternative contact if the child's parent / guardian cannot be contacted:

Name: ..... Tel Number: ..... Relationship to child: .....



**Parent / Guardian Consent**

I agree to .....using the walking bus.  
(Please print the child(ren)s name above)

I will make sure that:-

- **My child will be at the 'bus stop' at the published time**
- **My child will have their high visibility tabard with them**
- **I will inform the School office if my child will not be taking the Walking Bus**

I understand the tabard must be returned to the school should my child no longer use the walking bus. I agree to the person in charge of the party giving consent, on my behalf, for an anaesthetic to be administered and to any other urgent medical treatment.

Signed... .....(Parent/ Guardian)

Printed name..... Date .....

**Parent please note:**

Please explain this promise to your child and ask them to sign the promise themselves.

**Pupil's Promise**

When on the walking bus, I promise to:

- **behave sensibly**
- **Wear my High Visibility Tabard**
- **listen carefully and follow instructions**
- **walk with a partner if asked**
- **not push the person in front or lag behind**
- **not run into the road**



Signed by pupil(s): .....

Walking buses regularly receive publicity in the media. It is our policy to use full names and ages for newspaper articles and first name and age only for stories on our own website. Do you approve your child being involved in walking bus publicity and photocalls on this basis?

**Yes / No**

Please return completed form to: Mr M Turner via the school office.

