



Kaharoa School  
R.D.6 Rotorua  
3096



The Quality Learning  
Environment

**KAHAROA SCHOOL BUS AGREEMENT**

**PARENT/CAREGIVER**

**NAME/S**.....

**ADDRESS**.....

**CHILD/CHILDREN'S NAMES**

**1/** .....

**2/** .....

**3/** .....

**I/We have read and understood Kaharoa School Bus Guidelines and agree to the behaviour and safety rules as outlined in the guideline.**

**Parent Signature**.....

**Date**.....

|                 |
|-----------------|
| Office Use Only |
| Bus Run .....   |