Sample letter only

[INSERT SCHOOL NAME/LOGO]

[DATE]

Dear [PARENT/CARER]

Your child [INSERT STUDENT’S NAME] is invited to participate in travel education.

Travel education will take place over [X WEEKS/MONTHS] and take place on different days of the week. Travel education will initially be conducted in small groups and your child may progress to advanced travel education if [HE/SHE] is identified as having the potential to travel independently to and from school.

Your child will be closely supervised by experienced teachers and support staff and you will be consulted throughout your child’s travel education journey.

Students participating in travel education will receive instruction in:

* Topping up MYKI/buying tickets
* Reading timetables
* Staying safe
* Appropriate behaviour public transport
* Problem solving to manage foreseen and unforeseen situations
* [INSERT ADDITIONAL INSTRUCTION, IF APPLICABLE]

The cost of travel education is [INSERT COST], which covers their [TICKET/MYKI]. Your child also requires a valid student ID card and it is recommended they have a mobile phone with credit on it.

Travel education is an essential life skill for your child. Being independently travel educated will increase [HIS/HER] confidence and opportunities for employment, further education and social activities.

[SIGNATURE BLOCK]

(Please return permission slip to the school as soon as possible)

**……………………………………………………………………………………………………………………………………………………………………………**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in travel education as detailed above.

My child’s mobile phone number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob:\_\_\_\_\_\_\_\_ \_\_\_

Emergency contact #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob: \_\_\_\_\_\_\_\_\_\_Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date