

School Travel Plan Sign Off

Name of school.....

The School confirms that this School Travel Plan has been developed through work with pupils, parents/carers, and staff at the School. The School agrees that it will review the School Travel Plan annually from the date stated below, but more frequently if required to (eg if additional issues arise/or if a Planning Application is submitted requiring the school to review).

By signing this document the school is committing itself to make every effort to resolve issues identified within the School Travel Plan document and implement the actions identified. The School further acknowledges that they have committed to strive to achieve all targets stated in the Action Plan.

First review date: _____ and then reviews will be carried out annually thereafter.

_____	_____	_____
Chair of Governors (signature)	Chair of Governors (name)	Date

_____	_____	_____
Head Teacher (signature)	Head Teacher (name)	Date

_____	_____	_____
STP Co-ordinator (signature)	STP Co-ordinator (name)	Date

I confirm that I have read and approved this School Travel Plan on behalf of Brighton & Hove City Council.

_____	_____	_____
Road Safety Manager (signature)	Road Safety Manager (name)	Date

_____	_____	_____
School Travel Advisor (signature)	School Travel Advisor (name)	Date