

**PERMISSION SLIP TO WALK HOME
2015-2016**

I give _____ Grade _____
(PLEASE PRINT CHILD'S FULL NAME)

permission to walk home from school. Regular bus transportation is provided every day.

_____ My child has permission to walk home each day when normal school hours are in effect.

_____ My child has permission to walk home on Early Release Days.
School is dismissed at 11:25 am

_____ My child has permission to walk home on Wednesday Collaboration Days.
School is dismissed at 1:35 pm.

**THIS FORM MUST BE ON FILE IN THE OFFICE PRIOR TO THE FIRST DAY A
CHILD IS PERMITTED TO WALK HOME.**

**Students walking or riding their bike home MUST check out
with an Administrator or Bus Duty Supervisor before
they may leave campus.**

VERBAL REQUESTS WILL NOT BE ACCEPTED.

PARENT SIGNATURE

PHONE NUMBER

DATE