



**Student Walker Form**

**\*\*Please fill out one form for each student\*\***

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

I, \_\_\_\_\_,  
(Parent/Guardians Name)

DO		DO NOT	
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**give my permission for my child to walk *to* and/or *from* school.**

If marked *YES*, please indicate below which days child is to walk.

	AM	PM		AM	PM
<b>Everyday</b>			Wednesday		
Monday			Thursday		
Tuesday			Friday		

I understand that prior to the start of school and once school is dismissed I assume all responsibility for the welfare of my child. Further, I will notify the main office and my child's teacher if walker status changes.

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Parents Signature

Date