



ST. THERESA
SCHOOL

WALKING PERMISSION FORM 2016-2017

I request that my child(ren) be allowed to walk to and from school during the academic year 2016-2017. I have instructed my child(ren) regarding personal safety and traffic safety.

Student name: _____ **Grade:** _____

Student name: _____ **Grade:** _____

Student name: _____ **Grade:** _____

Student name: _____ **Grade:** _____

- Daily**
- Occasionally (please indicate days)**

- I will inform the school office as needed.**

Parent/Guardian Signature Date