



ST. THERESA
SCHOOL

WALKING PERMISSION FORM 2015-2016

I request that my child(ren) be allowed to walk to and from school during the academic year 2015-2016. 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

Parent/Guardian Signature

Date