



WALKER AUTHORIZATION FORM

Last Name: _____

First Name: _____

Grade: _____

Homeroom: _____

I, _____, authorize my child _____
to walk to and/or from school.

Check One:

My Child will be walking home alone

A walking adult will pick up my child from school at the designated pick-up location in front of the main office.

Parent Name: _____

Phone #: _____

Signature: _____