

Student Name: _____ Grade: _____

K-5th Grade: Homeroom Teacher: _____

6th – 8th Grade: 7th Period Teacher: _____

I, _____, authorize my child _____ to walk/bike to
Parent/Guardian Name (Print)

and/or from school.

Check One:

My child will be walking/biking home alone.

A walking adult will pick up my child from school at the designated pick-up location.

Parent Name: _____

Student Address: _____

Phone #: _____

***I understand that per campus policy, my student must be a registered walker/biker and must walk/bike **directly** to and from school.*

Parent Signature: _____