



Walking Permission Form

To St. John the Apostle School:

I hereby request that my child(ren) be allowed to walk to and from school during the academic **2017-2018** school year. I have instructed my child(ren) regarding personal safety and due diligence regarding traffic safety.

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Address or Destination: _____

Daily

Occasionally (please indicate days) _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____