

WAIVER TO WALK TO PARKING LOT

Dear Parents,

To help the administration understand the needs of all the families, we are asking everyone to fill out this form and return it to the front office. Children will not be able to walk to a waiting vehicle without this signed waiver. **Please send one form per child.**

During dismissal time:

_____ My child will walk home from school each day.

_____ My child will be released to walk to a waiting vehicle.

_____ My child must wait in the classroom daily.

Student's Name: _____

Parent's Signature: _____

Date: _____

Teacher's Name: _____

Grade (18/19): _____