

Walker Application  
2019-2020

Parent Name \_\_\_\_\_ Best number to be reached at \_\_\_\_\_

Student(s) Name and Grade(s): \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ My 2nd- 5th Grader has permission to walk home without an adult.

\_\_\_\_\_ My 2nd -5th Grader can NOT walk home without an adult. A parent or another assigned adult will pick them up from the cafeteria.

The following adults have permission to pick up my student from the Cafeteria walker group. These names will be included on your child's Walker Tag.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval status \_\_\_\_\_