

A.B. Combs Leadership Magnet Elementary

WALKER APPLICATION 2020-2021



Please complete and return to the school office or your child's teacher to have your child go home as a "walker." Walkers **walk to/from school/home** and must live within a one-mile radius of the school. On the days you wish to drive your child to/from school, you must use the carpool line to drop off or pick up your child in the carpool loop displaying a carpool number. **You may not park and walk to receive your child from the walker dismissal site.**

Once you have completed this application, *Walker Cards* will be issued, one for your child's bookbag and one for you. When you come to pick up your child at dismissal, please present your *Walker Card* to the staff member on duty at the walker dismissal site. The main dismissal site is the front kindergarten hall exit. The staff member will verify and then release your child to you. If you do not have a *Walker Card*, you will need to come to the office to sign your child out. If the front exit is not convenient, please use the back site located at the 300 hall near the palace. Indicate which exit you prefer on this application. Please include all children on one application and complete **one form per family**.

Any student without a *Walker Application* on file will not be released and must be checked out through the office.

If you want your child to walk alone home, please complete the bottom *Waiver*. These students will be released after he/she has been checked out by the staff member on duty **and must leave campus immediately**.

Student Address: _____

I would like my child to be released from the _____ Front _____ Back

Name(s) of student(s):

1. _____ Teacher _____

2. _____ Teacher _____

3. _____ Teacher _____

4. _____ Teacher _____

Name of adults authorized to pick up above students. Only names listed will be approved. All others must report to the main office:

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

4. _____ Relationship _____ Phone # _____

Signature of Parent/Guardian Date

Walk Alone WAIVER: I request for the above named student(s) to be release on their own, without a parent/guardian present. I understand that my child(ren) must leave campus immediately. **No exceptions.**

Parent/Guardian PRINT NAME

Signature

Date