

10921 LEESVILLE ROAD RALEIGH, NORTH CAROLINA 27613

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SCHOOL WEBSITE: HTTP://SYCAMORECREEKES.WCPSS.NET

Walker Authorization Form

Student Name:			
Track:	Grade:	Teacher:	
I give my child per	mission to walk hom	e alone.	
I do not give my ch	ild permission to wo	alk home alone.	
out and walk my child fr	rom school. I under	nated adults who have permission to signstand that if someone from the list below all will be unable to walk home.	
Name		Relationship	
Name		Relationship	
Name		Relationship	
Parent/Guardian Name:	Please Print		
Parent/Guardian Signat	rure:		
Date:			