



West Lake Middle School

Permission to Walk Home Form

Please complete the following information, sign it, and turn it into the main office in order to allow your child to walk home from school.

Student Information

Student's Last Name, First Name: _____

Student's Grade & Track: _____

Address Walking to: _____

Time Period (Circle One):

Entire School Year

—OR—

Specific Dates from _____ (date) to _____ (date)

Guardian Contact Information

Guardian's Last Name, First Name: _____

Guardian's Best Contact Phone Numbers: _____

I _____ give permission for _____
(Guardian) (Student)

to walk home after school during the 2018–2019 school year.

Guardian Signature: _____ Date: _____