

## PERMISSION TO WALK HOME UNACCOMPANIED

If you would like your child to walk home unaccompanied please complete and return to Academy office.

| I give permission for my child to walk home unaccompanied |   |
|---|---|
| Child's name  |   |
| Days to walk<br>home<br>unaccompanied                     | Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆<br>Friday 🗆 |
|   | Every day 🗆   |
|   | Occasionally when I inform you 🗆                      |
| Parent's name   |   |
| Parent's<br>signature                                     |   |
| Date  |   |



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