

## PERMISSION TO WALK HOME UNACCOMPANIED

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

<b>I give permission for my child to walk home unaccompanied</b>	
<b>Child's name</b>	
<b>Days to walk home unaccompanied</b>	<b>Monday</b> <input type="checkbox"/> <b>Tuesday</b> <input type="checkbox"/> <b>Wednesday</b> <input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/>
	<b>Every day</b> <input type="checkbox"/>
	<b>Occasionally when I inform you</b> <input type="checkbox"/>
<b>Parent's name</b>	
<b>Parent's signature</b>	
<b>Date</b>	



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# TOGETHER WE EMPOWER EXCELLENCE