



**PERMISSION FORM FOR PUPIL TO WALK ALONE**

Please accept this as permission for my child

Child's Name: .....

Class: .....

To be able to walk alone - tick appropriate boxes

[ ] - To school

[ ] - To home

[ ] - To other (please give information below)

.....

Parents Name: .....

Signature: .....

Contact Tel No:.....

Contact Tel No:.....

Date: .....