



Cardinal Lacroix Academy
Parent Permission to Walk Home

Student's Name _____ Grade: _____

Parent/Guardian authorizing (please print): _____

By signing this waiver, I authorize my child (listed above) to walk to/from home. I understand that this permission form grants permission for this child to leave school without adult supervision.

Students may walk home only when a permission form is signed, dated by parent or guardian, and is on file at the school. If we do not have this form, your child will not be released without authorized adult supervision. Please bring in or send a scanned copy of this slip to the office (office@clanh.org).

This permission form is valid for the 2024-2025 school year.

Signature of Parent/Guardian: _____

Date: _____ Phone Number: _____

Please list the names of any additional younger siblings that will be walking with the student named above:

Name: _____ Grade: _____

Name: _____ Grade: _____

Please list the address you have designated for your child to walk to/from:
