

Highview Elementary School

**Independent Walker Permission Form**

*This form is for students who live near enough to the school that they can walk home without any supervision. If there are specific days that you wish your child to walk home please indicate them below. Students will walk home only on the dates indicated below until the school receives written notification of a change.*

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I hereby give my child \_\_\_\_\_  
permission to walk home from Highview School.

Class code \_\_\_\_\_

Daily \_\_\_\_\_  
(check)

Specific days \_\_\_\_\_  
(list days)

Parent's  
Signature \_\_\_\_\_

Telephone number where you can be reached at 2:55 p.m. in  
case of a problem \_\_\_\_\_  
**(required)**