



# St. John the Apostle Catholic School

## Walking Permission Form

To St. John the Apostle School:

I hereby request that my child(ren) be allowed to walk to and from school during the academic 2025-2026 school year. I have instructed my child(ren) regarding personal safety and due diligence regarding traffic safety.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address or Destination: \_\_\_\_\_

\_\_\_\_\_

☐ Daily

☐ Occasionally (please indicate days) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_