



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 2026-2027 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: _____