

Wampus Elementary School
Byram Hills School District

I hereby give permission to my child _____ to walk home daily without an adult.

I understand that the Byram Hills School District provides bus service, however, I am electing not to use it.

I accept full responsibility for my child to walk home alone.

Parent Name (please print)

Parent Signature

(home)

(cell)

Address

Telephone Number

Date

Student Name

Teacher Name