



Walking Pass Form

Safety is our number one concern when students are dismissed at the end of a school day. Linscott falls under the District's Policy, stating that we are not responsible for students once they leave our campus. Students are allowed to leave campus WITH written permission to walk home or to another specified location. Because Linscott is a family community, we want to make sure that staff is aware of arrangements you have made to ensure their safe transportation home. We would ask parents who allow their student(s) to walk home, complete the following notice for our information and for our Gate Monitors. Thank you for keeping us informed!

School Year: **2016-17**

Student Name: _____ Grade: _____

Classroom: _____ Teacher: _____

I understand that Linscott Charter School is not responsible for my child after walking out the gated campus.

I give my child permission to walk... home library parent's work friends caregiver
 Youth N.O.W. Other: _____

WITH OLDER SIBLING ONLY: Sibling name: _____ Grade: _____

Days of week: Monday Tuesday Wednesday Thursday Friday

Parent Signature: _____ Date: _____



Walking Pass Form

Safety is our number one concern when students are dismissed at the end of a school day. Linscott falls under the District's Policy, stating that we are not responsible for students once they leave our campus. Students are allowed to leave campus WITH written permission to walk home or to another specified location. Because Linscott is a family community, we want to make sure that staff is aware of arrangements you have made to ensure their safe transportation home. We would ask parents who allow their student(s) to walk home, complete the following notice for our information and for our Gate Monitors. Thank you for keeping us informed!

School Year: **2016-17**

Student Name: _____ Grade: _____

Classroom: _____ Teacher: _____

I understand that Linscott Charter School is not responsible for my child after walking out the gated campus.

I give my child permission to walk... home library parent's work friends caregiver
 Youth N.O.W. Other: _____

WITH OLDER SIBLING ONLY: Sibling name: _____ Grade: _____

Days of week: Monday Tuesday Wednesday Thursday Friday

Parent Signature: _____ Date: _____