



1060 WHITE ROCK AVE.
WAUKESHA, WI 53186
(262) 547-8020
FAX: (262) 547-7331

PERMISSION TO WALK TO AND FROM SCHOOL ALONE

By signing below you give your permission and release Trinity Lutheran School from any liability to allow your child to walk to and from our campus without a parent or guardian.

Recognizing that Trinity Lutheran School will do its best to ensure a safe experience on campus, I understand that certain dangers are present when walking to and from school alone. By signing below, I hereby release Trinity Lutheran School from all responsibility and liability of any nature.

Yes, my child has my permission to walk home along from Trinity Lutheran School.

Child's Name (Print Name Clearly) _____

Parent's Name (Print Name Clearly) _____

Parent Signature _____

Date _____