



*Holy Trinity
Catholic School*

108 South Linden, Westmont, IL 60559
(630) 971 - 0184

WALKERS PERMISSION FORM

I give permission for my child(ren) to walk home from school upon dismissal:

_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade

I agree and understand that this is not permission to walk to another location from which to be picked up.

_____	_____
Parent Signature	Date