



# Our Lady of the Assumption School

## Permission to Walk Home 2024-2025

**Date:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_

**Grade(s):** \_\_\_\_\_

In accordance with Diocesan policy, I give permission for my son(s) / daughter(s) to leave the OLA campus and

- walk home
- walk to the car

unescorted by an adult after the conclusion of the school day or designated school event.

**Parent Name (please print):** \_\_\_\_\_

**Contact #(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_