

Estancia Municipal School District

900 N. 9th St. / P.O. Box 68, Estancia, NM 87016 505-384-2000 (Tel) – 505-384-2015 (Fax) – www.emsdbears.us

PERMISSION TO WALK HOME ALONE

I, _PENDING PARENT/GUARDIAN NAME_, am the parent/guardian of the student(s) listed below,

PENDING STUDENT'S NAME

<u>N/A</u> I hereby grant permission for my child to leave Estancia School's in order to walk home alone. I understand that my child will be walking home unsupervised and it is my responsibility once they have left the school building and campus.

<u>**N/A**</u> I do not give permission for my student to walk home.

Parent Name: _PENDING PARENT/GUARDIAN NAME_

Signature: _PENDING PARENT/GUARDIAN SIGNATURE_

Date: _PENDING DATE_

THIS FORM IS NOT INTENDED TO BE FILLED OUT, THIS FORM IS FOR ONLINE REFERENCE ONLY