



Commonwealth-Parkville School
Parkville Campus

Walkers Consent Form

To Whom It May Concern:

I _____ give my child _____ permission to walk:

- To school from home
- From school to home
- To and from school

I accept full responsibility for my child and will not hold the school liable/responsible in case of an accident or other mishap.

Child's name _____ Grade _____
Address _____

Parent's Signature _____ Date _____