



# AUTHORIZATION TO ALLOW STUDENT TO WALK HOME AFTER SCHOOL

Parent Name/Nombre de Padre: \_\_\_\_\_

Student Name/Nombre de alumno: \_\_\_\_\_

Grade/Grado: \_\_\_\_\_

Teacher Name/Nombre de maestra: \_\_\_\_\_

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

Description:

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Signature/Firma: \_\_\_\_\_

