



SAINT GABRIEL SCHOOL
2550 FORTY FIRST AVENUE
SAN FRANCISCO, CALIFORNIA 94116
415 566-0314

AFTER SCHOOL WALKING PERMISSION FORM
SCHOOL YEAR; 2018-2019

FAMILY NAME: _____

Student:	_____	Class:	_____
Student:	_____	Class:	_____
Student:	_____	Class:	_____
Student:	_____	Class:	_____
Student:	_____	Class:	_____

We request that our child(ren) be permitted to walk home or to a site selected by our family at dismissal time on the school days we have designated. We understand that our child(ren) will be dismissed following the car line pick up on the days we have designated below.

(Please circle the appropriate days)

M T W T H F

We understand that our child(ren) will leave campus on their own, and follow directions that we have given them to proceed to walk home or to a site selected by our family. We understand that St. Gabriel School does not provide supervision for students leaving campus on their own with parental permission. St. Gabriel School assumes no liability for students after they have left the school campus.

Parent Name (Printed)

Parent Name (Printed)

Parent Signature

Parent Signature

Date: _____

Received by the School Office _____