



# ST. AUGUSTINE SCHOOL



*Following the Way, the Truth, and the Life of Christ  
Since 1952*

## Walking Permission Slip

I give my child \_\_\_\_\_, age: \_\_\_\_\_  
permission to walk without adult supervision to and/or from the St.  
Augustine School events/activities.

I assume the responsibility to insure that my child knows and will follow  
traffic safety rules. I hereby release the Diocese of Providence, the  
Parish/School of St. Augustine and any and all of their representatives or  
agents from any and all claims or liability arising from, or related to, my  
child's travel to and/or from the school. This permission is valid for one  
year from the signing date.

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_