



**ST. EDWARD**  
*Catholic School*

805 Sherman · Little Rock, AR 72202 · (501) 374-9166 · Fax (501) 907-9078

## OFF CAMPUS WALKING PERMIT

I request my daughter/son \_\_\_\_\_, be allowed to walk  
to and from \_\_\_\_\_ on  
\_\_\_\_\_. Departing from school at \_\_\_\_\_ and  
returning at \_\_\_\_\_.

Cost of field trip \_\_\_\_\_.

By my signature, I agree to hold harmless of neglect any adult chaperon, any staff member, the school, parish, or diocese in case an accident occurs on this trip.

I understand that my child must follow all rules and show respect to all involved in the field trip. Should this not occur, the school shall be called to come and pick up my child. This may result in exclusion from future trips.

Parent/Guardian \_\_\_\_\_  
Signature

Daytime number \_\_\_\_\_ Date \_\_\_\_\_

Are there any circumstances the chaperons or teachers should know about your child (medical or physical limitations)?

\_\_\_ Yes \_\_\_ No

If yes, please provide an explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_