



Académie Lafayette

Student Permission to Walk Form

Student Name: _____ Grade: _____ School Year: _____

I, _____, Parent/Guardian of _____, do hereby request and provide consent to Académie Lafayette faculty and staff for the above-mentioned student to leave the Académie Lafayette _____ campus building and grounds at the end of the school day.

My signature below serves as authorization for staff, faculty and administration of Académie Lafayette to release my child at the end of the school day. I understand that my child must leave school grounds immediately upon leaving the building for the day. I also understand Académie Lafayette does not guarantee my child's safety after he/she leaves the building and school grounds. I hereby covenant and agree that Académie Lafayette, its agents and employees shall be held harmless from any claim arising after the child has left the building or school grounds.

Any student & neighborhood walker still on campus grounds 15 minutes after dismissal will be brought back into the office for pick up and a \$1/minute late fee will apply. Neighborhood children returning to the playground after hours are not allowed in the building. The building/facilities are not open for neighborhood use.

In making the request, I hereby waive any and all liability, cause of actions, or claims for damages that may arise at any time as a result of Académie Lafayette and its employees honoring this waiver allowing my child to leave the building and school grounds.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work phone: _____ Cellphone: _____

Does this apply to:	School year	After-school activity (temporary permission)
	Summer School	Name of activity: _____
		Approximate date/days/months your child will be released for this activity: _____

Destination Address or Location: _____

Is this a: **house** yes no **business** yes no **pick-up location** yes no

Example: home address - pick-up spot off school grounds - after school sports practice, coffee shop)

First and last name of contact person at the destination: _____

Destination Phone Number: _____ Alt. _____

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO YOUR STUDENT'S DATA

Cherry Campus K-4
3421 Cherry, KCMO 64109
Phone: 816-888-7400
Fax: 816-888-7410

Oak Campus K-5
6903 Oak, KCMO 64113
Phone: 816-361-7735
Fax: 816-361-5788

Armour Campus 6-9
201 E Armour Blvd, KCMO 64111
Phone: 816-800-8771
Fax: 816-800-8772