

**Mount Holly Township Schools
Mount Holly, New Jersey 08060**

Please check ONE box below and sign where noted. It is imperative this form is returned immediately.

I give my child permission to walk home after dismissal every school day.

I do not give my child permission to walk home after dismissal. My child will be picked up by one of the following people listed below. (IF YOU CHECK THIS BOX AND YOU DO NOT PICK UP YOUR CHILD, HE/SHE WILL BE DETAINED AT SCHOOL UNTIL AN AUTHORIZED ADULT LISTED BELOW ARRIVES.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Student's Name (Please Print) _____ **Grade/Homeroom** _____

Parent's Name (Please Print) _____

Parent's Signature _____ **Date** _____