WEMOCO/CTE

Monroe 2-Orleans BOCES

2020-2021

Walking Consent Form

Student Name Date

Parent Name

Parent Address

Parent Contact Number

Home District Teacher’s Name

Class AM PM

I/we request permission for my son/daughter to be able to walk to/from WEMOCO. I/we understand and agree that Monroe 2-Orleans BOCES (WEMOCO/CTE) will have no responsibility or liability with respect to any personal injuries and/or personal property damage, etc. that may occur once my child leaves the (WEMOCO/CTE) and grounds and/or while the child is in route to the (WEMOCO/CTE).

By signing below, permission is granted and approved.

Date

Student Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_ Date

Home School Administrator Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEMOCO/CTE Administrator Signature