



Walker Authorization Form

Dear Parent or Guardian,

If you would like to allow your scholar to walk home from school, leave campus without an adult, please sign and return to the front office. Your scholar will not be allowed to leave campus unaccompanied until this form has been received by the school.

My scholar has permission to leave Naples Classical Academy, located at 10270 Immokalee Rd Naples, FL 34120, *without* a parent or guardian. I am aware that once my scholar leaves the school campus, there is *no adult supervision* for them. I have made my scholar aware that for their safety, they are *not* allowed to loiter around the premises after school or at any nearby businesses, and they are to go directly to their after-school destination.

By signing, you understand your scholar will be leaving campus at 3:05 PM unaccompanied. In addition, you agree that any PERMANENT CHANGES from the above permission, MUST be communicated, in writing, to the front office. Daily changes may be made by phone, no later than 2:00 PM on the given day.

Scholar's Full Name: _____ Grade/Teacher: _____

Days that scholar will be walking:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Destination Address: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Dismissal Number: _____