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Permission Slip for Long Term <u>Walkers or Bikers</u> *Mendon Center Elementary School*2023-2024

Child's Name	(compl	lete one form for <i>each</i> child)
Teacher Name	G	rade
Please check below	if your child will be walking/biking	g home from school <i>every day</i> :
(or ric	de their bike) home from school o	-
	on/daughter is in 4 th or 5 th grade h home from school during the 202	has my permission to walk (or ride their 23-2024 school year.
•	nt weather, please send in a green 267-1400 with your alternate disn	n slip with alternate plans and/or contact our missal plan for that day.
Parent/Guardian Signature:		Date: