



Académie Lafayette

Critical thinkers. Engaged learners. Global citizens.

K-8 French Immersion

A UCM Sponsored Charter Public

Student Permission to Walk Form

2016 - 2017

CHERRY CAMPUS K-2 * 3421 Cherry St * Kansas City, MO 64109
816-888-7400 * FAX 816-888-7410

OAK CAMPUS 3-8 * 6903 OAK ST * Kansas City, MO 64113
816-361-7735 * FAX 816-361-5788

* www.academielafayette.org *

Student Waiver

Student Name: _____ 16/17 Grade: _____

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/Oak Street 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 STUDENTS LEFT BY THE PICNIC TABLES OR ON THE PLAYGROUND

AT 4:00 WILL BE BROUGHT BACK INTO THE OFFICE AND A \$1 PER MINUTE LATE FEE WILL APPLY

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

Does this also apply to **summer school 2016?**

Yes

No

Home Phone: _____ Work: _____ Cell: _____

Destination Address or Location: _____

(example: home address - pick-up spot off school grounds)

Contact: _____

Destination Phone Number: _____ Alt. _____

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