



Archway Classical Academy | Veritas

Student Walking Waiver

I _____, parent/guardian of the following student(s):

Name: _____ Section/Grade: _____

Name: _____ Section/Grade: _____

Name: _____ Section/Grade: _____

Name: _____ Section/Grade: _____

Name: _____ Section/Grade: _____

give permission for the above listed child(ren) who attend Archway Veritas to walk home from school.

I understand that by signing this waiver and allowing my child(ren) to walk home from Archway Veritas that Archway Veritas is not responsible for monitoring the safety of my Archway Veritas student. Any student in the retention basin after dismissal who do not have this waiver to walk home, will be brought inside and the parent will be charged \$1 per minute.

Parent/Guardian Signature

Date