



**SARASOTA SCHOOL OF ARTS AND SCIENCES**  
**645 CENTRAL AVENUE**  
**SARASOTA, FLORIDA 34236**  
**941 330-1855**

**Permission for a student to walk to/from school and/or alternative pick-up  
and drop-off procedures.**

I give permission to Sarasota School of Arts and Sciences to allow my child:

- 1. To walk to and from school on a daily basis as needed.
- 2. To walk to another location from the school, (off school grounds) at the end of the school day, for pick-up, ie., the Selby Library, Parent's office or work location, etc. This document is not for permission to wait for pick-up in another area outside of designated pick-up and drop-off areas, such as other locations that are a block from the school in all directions.

Student Name (*Print*): \_\_\_\_\_

DOB (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) or  
Guardian(s) Name (*Print*): \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

I agree that once my child has left the school campus, that I am responsible for his/her safety and activities. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school. I realize that permission to "walk" removes my child from the controlled environment of the school setting and may present a higher risk of accident/injury to my child.

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_