OUR LADY of GOOD COUNSEL
CATHOLIC SCHOOL

Walker/Biker Permission Form

2026-2027

Please complete the following information:

Family Last Name_____

Please check the appropriate box(es).

- ❑ I give permission for my student(s) to walk home from school in the afternoon.
- ❑ I give permission for my student(s) to walk to school in the morning.
- ❑ I give permission for my student(s) to bike to and from school. My student(s) will be wearing a helmet when he/she arrives on/departs the campus.

Student 1 First/Last Name_____Grade_____

Student 2 First/Last Name_____Grade_____

Student 3 First/Last Name_____Grade_____

Student 4 First/Last Name_____Grade_____

- ❑ My student(s) will exit the property via Niblick Road.
- ❑ My student(s) will exit the property via Wolftrap Road.

Parent Cell #_____ Parent Cell #_____

Parent Signature_____Date_____