

REGIONAL SCHOOL DISTRICT NO. 4

CHESTER • DEEP RIVER • ESSEX

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# Permanent Walker Form

(Please complete if you require this option)

Child's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address Student Walking to:

\_\_\_\_\_

Parent's Name:

\_\_\_\_\_

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Please circle days that apply)

Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_  
Parent / Guardian Signature Date

Received in school office on:

\_\_\_\_\_