

# Holy Family Catholic School

9400 Neenah Avenue  
Austin, Texas 78717  
(512) 246-4455

## ***“Walker/Biker” Designation Information 2018-2019***

We feel that the safest means for your child to be picked up from school is to follow the standard traffic procedure for dismissal. The plan allows for supervision of your child by school personnel until s/he is in your car, thereby eliminating many of the dangers associated with crossing additional traffic and access to the general public.

However, for various reasons such as living close to school, parents have requested that their child be permitted to walk off of the campus at dismissal time. While we hope that you will exercise caution with this practice, the school will accept a parent’s written request for a “walker” designation. Children who exit the campus in this fashion are not permitted to wait for their parent on the property of our neighbors, St. Dominic Savio Catholic High School or St. Vincent de Paul Catholic Church.

Please read the following permission form carefully before signing. One form is required annually for each family that uses this designation with one or more children.

*\* This form is also required for any child who will be released at the walk-up area to another \* minor – e.g. sibling under the age of 18.*

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## ***Walker/Biker Permission Form 2018-2019***

I request that my child(ren) be allowed to cross lanes of traffic on and off the property of Holy Family Catholic School, understanding that this may pose additional risks to their safety.

In consideration for the granting of my request, I hereby release, discharge and hold harmless Holy Family Catholic School and/or Catholic Diocese of Austin, together with their employees, representatives, and volunteers (collectively “Holy Family”) from any and all claims, causes of action, liabilities and/or attorney’s fees arising from the release of my child(ren) in accordance with my request. I further release, discharge and hold harmless Holy Family from any and all obligations and/or duties they have, if any, to my child(ren) once my child(ren) are released in accordance with my request.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Daily: \_\_\_\_\_ Occasional: (Indicate Days) \_\_\_\_\_ As Needed: (**Inform teacher**) \_\_\_\_\_

**Name(s) of my designated walkers/bikers: (Please print)**

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

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

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