



Horizon Montessori Public Schools

"Tomorrow's Education Today"

2402 E. Business Hwy. 83 Weslaco, Texas 78596

Student Name: _____

Parent Name: _____

It is in general policy of Horizon Montessori Public Schools (HMPS) that all students are to be picked up from school after dismissal time by an authorized adult. If parent/guardian does not have their family ID, they are to sign in at school office with proof of identification. However, there are circumstances in which a parent/guardian prefers to give permission to HMPS for his/her child to walk home without adult supervision. The purpose of this waiver/permission slip is to give permission for your child to walk home after school.

By my signature below, I hereby give permission for the above student to walk home after school dismissal without adult supervision on any school day. I understand that no HMPS district, city or county board of education, superintendent of school or any officer or employee shall be held responsible or any way liable for the conduct or safety of any pupil at any time when such pupil is not on school property, unless student is transported by a district owned or authorized vehicle or other district authorized means of transportation.

By my signature below, I agree to waive all claims against HMPS Campus, HMPS District, its board officers, agents or employees and volunteers and hold the aforementioned harmless from any and all liability or claims, which may arise out of my child/ward's leaving HMPS Campus without adult sign out or adult supervision.

Address:

Phone number:

Parent/Legal Guardian Signature

Date

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Horizon Montessori does not discriminate against any member of its community on the basis of gender, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disabilities or handicap in educational programs or activities.



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PERMISSION SLIP STUDENTS WALKING HOME AFTER SCHOOL

I, _____, give permission to my
child, _____, to walk home after school.

STUDENT'S NAME: _____

GRADE LEVEL: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE #: _____ HOME #: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE #: _____ HOME #: _____

Parent or Guardian's Signature

Date

Parent or Guardian's Signature

Date

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