



**Walking Permission Slip**

**2018/2019**

Dear Parents:

In order to take advantage of the educational opportunities available in Kenosha, our students may participate in walking activities in the neighborhood surrounding both KTEC campuses. These short walks will take place during the school day.

Sincerely,

Dr. Angela Andersson, Principal

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**I Give Permission for my Child / Children,**

**Please print Child/ Children first and last name, Grade(s) and Campus**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus E W

Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus E W

Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus E W

Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus E W

Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus E W

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to participate in walking activities, I understand these walks will take place throughout the school year.

\_\_\_\_\_  
Signature of Parent / Guardian and Date