

Approved: September 14, 2009

830 Form 4
860 Form 1

COMMUNITY WALKERS AGREEMENT

Name: _____
(Please Print First/Last Name)

Address: _____
(Street, City)

Phone Number You May Be Reached At: _____

Building(s) I Would Like To Walk In:

_____ Levi Leonard Elementary _____ Theodore Robinson Intermediate
_____ JC McKenna Middle _____ High School

I agree to the restrictions of being a community walker:

- I am aware of the walking hours of 6:00 am to 7:00 am and /or 4:00 pm to 9:00 pm unless otherwise posted.
- I will not interrupt staff and students during their planning time or work.
- I am aware that my permit may be revoked, at the discretion of the principal, if procedures are not followed.
- I understand a background check may be conducted and will supply pertinent information.
- I will sign in at the building that I am walking in each time I walk.

Signature: _____ Dated: _____

Building Principal Authorized/Issued Permit: _____

Dated: _____