



Home of the Eagles

Mt. Greenwood Elementary

10841 South Homan Avenue,
Chicago, IL 60655
773-535-2786 || Fax: 773-535-2743



Print, complete, and turn into the school

To: Mrs. C. Reidy, Principal
Mt. Greenwood Elementary School

Student Trip: **WALKING PERMISSION SLIP FOR THE 2022/2023 SCHOOL YEAR**

I give my permission for _____ from room # _____ and teacher _____ to participate in walking tours of areas in and around the school neighborhood. I understand that I have the right to revoke my consent at any time during the school year.

Parent / Guardian: _____

Address: _____

Day/Work Phone: _____

Cell Phone: _____

Signature: _____

Does your child/ward have any medical needs that school personnel should know about during this student travel trip? If so, explain:
