

*Holy Trinity School
1325 36th Street, NW
Washington, DC 20007
(202) 337-2339 Fax (202) 337-0368*

**Walking Trip Permission
2016-2017**

I, _____, request that you allow my child, _____
permission to walk around the Georgetown neighborhood (the areas in the vicinity of Holy Trinity School
grounds) throughout the 2015-2016 school year.

I know that all possible care and safety will be provided for my child. Therefore, in case of an accident, I
will not hold Holy Trinity School and/or faculty responsible.

Parent's Signature / Date

Teacher's Signature / Date

Principal's Signature / Date