



**Laboratory School**

**Walker/Bike Rider Permission Form**

My child, \_\_\_\_\_ in grade \_\_\_\_\_  
Will be a:

Please Circle:

Walker

Bike Rider

From the Southeastern Louisiana University Lab School located at 1200 North  
General Pershing Street to my residence located at

\_\_\_\_\_

Or the designated residence of \_\_\_\_\_

Located at:

\_\_\_\_\_

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Date