

**Bull Run Middle School
2016-2017
Parent Pick-Up/Walking Pass Request**

Student Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Daytime Telephone Number _____ Cell Number _____

_____ I give permission for my student to meet me in BRMS parking lot at dismissal.

_____ I give permission for my student to walk home from BRMS (student must live within the walking boundaries).

Parent/Guardian Signature _____ Date _____

Staff Use Only

Confirmed w/ parent by _____
Staff Member _____ Date _____

**Please fax or return this form to the main office before
August 26, 2016
Passes will be given to the student the first day of school**

FAX NUMBER 703-753-9610