

PLEASE RETURN TO YOUR CHILD'S HOMEROOM TEACHER ON THE 1<sup>ST</sup> DAY OF SCHOOL.



## Dismissal Form

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardians Phone # \_\_\_\_\_

*Please choose **one** option below to show how your child will be dismissed from school. Also, make sure to fill in the blank with name of the person picking up your child.*

How will your child be traveling home from school during the school year?

- Car pick up by: \_\_\_\_\_
- Walking with: \_\_\_\_\_

My Child attends aftercare at: \_\_\_\_\_

Note: Please send in a written note if there are any changes made to your child's dismissal procedure.