

Student Dismissal Plan

Child's Name _____

Date: _____

Parent//Guardian/ Name _____

Phone Numbers: HOME: _____

WORK: _____

CELL: _____

Please check one of the following:

_____ Please place my child on the bus every day.

_____ Please place my child on the parent/guardian pick-up list every day.

_____ Please place my child on the bus on the following days:

_____.

_____ Please place my child on the parent/guardian pick-up list for the following days:

_____.

_____ My child is in the After-School Program every day.

I understand that I still must complete and turn in the monthly After-School Program schedule to Mrs. Bonni Sanford. Mrs. Sanford provides this form. If there is a change in my After-School Program requests, I understand I must personally contact Mrs. Sanford by noon on the day of my need.

_____ My child is in the After-School Program on the following days:

_____.

My child may only be released to the following adults:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

I understand that if any of the above information changes **AT ANY TIME**, a **CHANGE TO DISMISSAL PLAN** form must be completed and sent to the school office ahead of time or on the morning of the change. I also understand that every effort must be made to communicate parent/guardian pick-up information to the school office **IN WRITING**, via my child. Using the phone for pick-up information should be limited to emergency situations only!

Parent/Guardian Signature _____