

Student Dismissal

My child's regular routine is bus home walk home car pick-up day care

Day Care

Day care contact _____ Phone () _____ Cell () _____

Day care address: Street _____ City _____ Zip _____

Circle specific days: M T W TH F Before/After School Before School After School

Siblings in District

Name _____ School _____

Name _____ School _____

Name _____ School _____

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your student's school if any of the information on this form changes during the school year.