



DISMISSAL TIME INSTRUCTIONS

Please complete and return to your child's teacher

CHILD'S NAME: _____ PHONE: _____
ADDRESS: _____ GRADE: _____
TEACHER: _____

At dismissal time my child will:

_____ Ride the bus - BUS STOP _____
Street & Street

_____ Go to Day Care _____
Location

_____ Walk Home

_____ Walk to a babysitter - Sitter's Name _____
Address: _____
Phone Number: _____

_____ Picked up by Parent

_____ Picked up by Other Authorized Person - Name _____

PLEASE WRITE A NOTE TO THE SCHOOL WHEN YOUR CHILD IS TO DO ANYTHING DIFFERENT AT DISMISSAL TIME THAN WHAT YOU HAVE INDICATED ON THIS FORM.

Date: _____

Signature - Parent/Guardian