

**IMPORTANT!! PLEASE RETURN THIS FORM WITH YOUR CHILD ON
THE *FIRST* DAY OF SCHOOL.**

OAS 2019-2020

Dismissal Information Form

Student's Name _____ Grade _____ Room # _____

Teacher's Name _____

*Please check the appropriate boxes below.

My child's dismissal will be ...

	Monday	Tuesday	Wednesday	Thursday	Friday
The School Bus Bus # _____					
Parent Pick-Up					
Walker (4 th and 5 th Grade Only)					
YMCA					
Boys & Girls Club					

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- **If there is a change in your child's dismissal, please send in a note to the classroom teacher. Unless there is a note, your child will be dismissed according to the above schedule. If an emergency should occur during the day, please call the office at (203)-783-3537.**
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Please complete both sides.



Child's Full Name: _____

My son/daughter will be picked-up primarily by:

A. _____ relationship _____

Home # _____ (Cell #) _____

B. _____ relationship _____

Home # _____ (Cell #) _____

In the event that the primary persons are unable to pick-up my son/daughter at the end of the day, he/she may be released to the following persons:

1. _____ relationship _____

Home # _____ (Cell #) _____

2. _____ relationship _____

Home # _____ (Cell #) _____

3. _____ relationship _____

Home # _____ (Cell #) _____

I understand that my child will not be released to anyone other than these five people unless I have made arrangements in writing in advance.

Signed,

Parent/Guardian Signature

Date: _____