

**MEADOWSIDE 2019-2020**  
**DISMISSAL FORM**

**IMPORTANT: RETURN WITH**  
**YOUR CHILD ON FIRST DAY**

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

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

Please check the appropriate boxes below.

My child's dismissal will be ...

	Monday	Tuesday	Wednesday	Thursday	Friday
School Bus # _____					
YMCA Aftercare					
Parent Pick UP					
Independent Walker (3rd-5th only)					

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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)-783-3555.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

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

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

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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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**