

Live Oaks Elementary School 2019 - 2020
DISMISSAL FORM

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

Students name: _____

Teachers name: _____

Grade: _____

Room number: _____

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 (Gr. 3-5 ONLY)					

Parent name (please print): _____

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)-783-3564.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

DISMISSAL FORM

CHILD ON THE FIRST DAY OF SCHOOL

Student's Name _____

Teacher's Name _____

Grade _____

Room # _____

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