

Jacob Wismer Elementary School
2021/2022 Student Dismissal Plan

EFFECTIVE DATE _____

Student's Last Name _____

First Name _____

Parent Cell Phone _____

Teacher _____

Grade _____

Please fill out this form indicating your child's normal plan at dismissal time and **return it to your child's classroom teacher on the first day of school.** This will help ensure a safe and smooth dismissal process at the end of each day.

***** IMPORTANT *****

Teachers will follow this dismissal plan every day unless notified in writing of a change.
Teachers must receive a new Dismissal Plan if you have a permanent change.

_____ My child will take the bus.

Bus number _____ Drop off address _____

_____ My child is enrolled in Bethany Childcare at Jacob Wismer and will attend after school.

_____ My child will be picked up and transported each day by the following DAYCARE:

Daycare Name _____

Daycare Phone _____

_____ My child will be picked up each day by one of the following people:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

_____ My child will walk or ride his/her bike to and from home/school.

***** If your child has plans that are different
on different days of the week, please indicate below. *****

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

***** Return this form to your child's teacher on the first day of school. *****

PRINT PARENT NAME

PARENT SIGNATURE

9/21