MARGARET CLIFFORD SCHOOL

PERMANENT YEARLY DISMISSAL PROCEDURE FOR YOUR CHILD AT THE END

OF THE SCHOOL DAY

A FORM MUST BE COMPLETED FOR EACH CHILD IN YOUR FAMILY.

NAME:______GRADE:_____

SCHOOL:______HOMEROOM TEACHER:_____

•($\sqrt{}$) Check off each day according to your child's schedule

••Make sure you sign and date this completed form

	MON	TUE	<mark>WED</mark>	THURS	FRI	COMMENTS
						(Students cannot use different buses.
BUS #						DISTRICT POLICY -1 bus, 1 seat, 1 stop)
PARENT PICK-UP						
(SIDE DOOR—NUMBERED TAG						
REQUIRED)						
AMAZING PLACE						
COMET CARE						
GODDARD						
KIDDIE ACADEMY						
KINDER CARE						

EVERY TIME YOU DEVIATE FROM THIS YEARLY DISMISSAL PROCEDURE, YOU MUST FILL OUT A DAILY COMMUNICATION FORM AND SEND IT TO SCHOOL WITH YOUR CHILD

(ADDITIONAL FORMS ARE AVAILABLE IN MAIN OFFICE AND ON THE DISTRICT WEBSITE)

IF YOU ARE UNABLE TO FILL OUT A DAILY COMMUNICATION FORM YOU MUST CALL THE MAIN OFFICE AND SPEAK TO SOMEONE AT THE SCHOOL. DO NOT LEAVE A MESSAGE ON **VOICE MAIL.**

PARENT PICK UP STAFF WILL NOT RELEASE YOUR CHILD UNLESS YOU HAVE YOUR NUMBERED ID TAG-YOU WILL BE SENT TO THE MAIN OFFICE TO SIGN YOUR CHILD OUT. THE OFFICE WILL NOT RELEASE YOUR CHILD WITHOUT PROPER PHOTO ID

PARENT/GUARDIAN(SIGNATURE):______DATE:_____DATE:_____