



STUDENT DISMISSAL INFORMATION CREEKVIEW / 2024-2025

Please provide the following information regarding dismissal procedures for your child for the first day of school, daily during the school year, and if there is an emergency early dismissal.

Please return the form by the first day of school.

Student's Name/Grade/Team: _____

Homeroom Teacher Name: _____

1st Day of School Plan:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Ride Bus | <input type="checkbox"/> SACC |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent pick-up | |

Normal Daily Plan:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Ride Bus | <input type="checkbox"/> SACC |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent pick-up | |

Emergency Early Dismissal Plan: (In the case of an emergency early dismissal, you will receive a message through the district's automated phone system)

- | | |
|---|---|
| <input type="checkbox"/> Ride Bus | <input type="checkbox"/> Emergency contact to pick-up |
| <input type="checkbox"/> Walk | <input type="checkbox"/> SACC |
| <input type="checkbox"/> Parent pick-up | <input type="checkbox"/> Other _____ |

*****Please keep the school advised of any changes to the dismissal plans*****