

Carl L. Dixon Primary School
ARRIVAL AND DISMISSAL FORM

It is important to have this information for the safety of the children

Student's Name: _____

Address: _____

Phone Number: _____ Teacher's Name: _____

Please indicate how your child will be traveling to and from school:

TO SCHOOL

_____ Dropped off at school

_____ By bus from home address Bus # & Stop _____

_____ By bus from other location: **(Please circle)** EVERYDAY MON TUE WED THU FRI

Bus # & Stop: _____

Include Daycare/Sitter Name: _____

Address: _____

Contact Number: _____

HOME FROM SCHOOL

_____ By bus to home address Bus # & Stop: _____

Will be met by _____ Phone #: _____

_____ By bus to another location: **(Please circle)** EVERYDAY MON TUE WED THU FRI

Bus # & stop: _____

Include Daycare/Sitter Name: _____

Address: _____

Contact Number: _____

PICKED UP AT SCHOOL (Please circle) EVERYDAY MON TUE WED THU FRI

Adults allowed to pick up your child, name, relationship, and phone number.

1. _____

2. _____

3. _____

Parent's signature _____ Date: _____