

**Connetquot Elementary School**  
**Dismissal -- 2025-2026**

**Please complete and return with your child on the first day of school.**

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Teacher)

***Please check off and complete as indicated.***

**Bus Riders**

\_\_\_\_\_ My child will ride the bus every day unless I inform the school otherwise in writing.

\_\_\_\_\_ My child is entitled to the bus; however, I will pick him/her up every day.

**Walkers**

\_\_\_\_\_ My child will walk home each day.

\_\_\_\_\_ My child will be picked up every day by one of the following people:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your child is REGISTERED to attend the After School Program, please send a note to your child's teacher on the first day of school indicating whether your child will be attending the After School Program on the first day of school.**

\_\_\_\_\_ My child attends the After School Program every day.

\_\_\_\_\_ My child will be attending the After School Program on Mon. Tues. Wed. Thurs. Fri.  
(Please circle appropriate day/s)

Please use the back of this form to indicate any alternative plans regarding your child's attendance at the After School Program which may affect transportation at dismissal time. Be sure to list specific plans for days of the week, if different.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)