



40 Fulton Avenue
Hempstead, NY 11550

STUDENT DISMISSAL FORM 2025-2026

In order to ensure the safety of our students upon dismissal at 3:05 p.m., we must have accurate dismissal information for all students. ***Please complete the entire form, sign the bottom, and return this form to your child's teacher on the first day of school.***

Student Name: _____

Teacher: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Phone Number (Home): _____

Phone Number (Cell): _____

Please choose the appropriate method of dismissal and complete all necessary information

_____ **MY CHILD WALKS HOME INDEPENDENTLY AT 3:05 p.m. (including ALL AFTERSCHOOL ACTIVITIES)**

_____ **MY CHILD WILL BE PICKED UP AT 3:05 P.M. BY:**

1. **Name of Person:** _____

Phone: _____

Relationship to child: _____

2. **Name of Person:** _____

Phone: _____

Relationship to child: _____

_____ **MY CHILD WILL BE PICKED UP BY PRIVATE TRANSPORTATION (VAN, BUS, CAR, ETC)**

Service Provider: _____

Contact Number: _____

Vehicle : Make _____ **Model:** _____ **Color:** _____

Parent Signature: _____ **Date:** _____