

**WEST ELEMENTARY
DAILY AFTER SCHOOL PLAN**

*****Please note that this plan is only for West Elementary Teachers and Office reference.
ALL requests for bussing need to go through Marcy.hanigan@northpolk.org*****

Student Name _____

Grade _____

Daily after school plan:

____ My child will WALK out the FRONT/BACK door to _____
(circle one)

____ My child will RIDE THE BUS home.

____ My child will be picked up FRONT door by _____

____ My child will be picked up by _____ DAYCARE.

*Notes:

Unscheduled early dismissal plan:

____ My child will WALK out the FRONT/BACK door to _____

____ My child will RIDE THE BUS home.

____ My child will be picked up FRONT door by _____

____ My child will be picked up by _____ DAYCARE.

*Notes:

Guardian phone number: _____

Be sure to go over these plans with your child.

If your plans change please notify the school by email or in writing.

Parent/Guardian Signature: _____

Date: _____