

# Student Dismissal Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number at Dismissal Time: \_\_\_\_\_

For the safety of our students, it is important that we know where they are supposed to be after school. Please fill in the following schedule for your child. This is the schedule we will follow during the school year. If there is a change to the schedule, please notify the school either in writing or by phone by 2 pm. If we do not get notification from you, we will follow the normal after school schedule you have provided.

Day	Pick Up	Bus	Other
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Other Instructions/Notes:

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\* For use of our After School Program, please pre-register on the monthly order form or notify office in advance. Signing up for the After School Program will automatically override the student's regular (above) schedule.

I have discussed the above schedule with my child. I agree to notify the school if I need to make different arrangements. I understand that if I do not notify the school, the school will adhere to the instructions I have given above.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Dismissal Release Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I am requesting that my child, \_\_\_\_\_, will only be released after school to his/her parent/guardian and/or responsible individuals designated by the parent/legal guardian. The following individual(s) are authorized to pick up the above named child at any time:

(\*Any individual not listed below may pick up but parent/guardian permission will be required via note/phone call prior to that school day's dismissal.)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The names on this form will remain in effect for the entire school year. Please contact school office at any time to add/delete/change names. Individuals identified on this form **will be permitted to pick up student any/every day** including early dismissals due to weather, illness, or other emergencies.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_