

Dismissal Form

Student Name: _____

Please complete and send in with your child on the first day of school.
Please circle one choice for each question below.



How will your child be getting home on the first day of school?

Bus # _____ Walker Car Rider Kids Club Other _____

Unless you contact the office, how will your child be dismissed from school every day?

Bus # _____ Walker Car Rider Kids Club Other _____