

One for every student – must be filled out: Kdg. – grade 6

** Please return to school as soon as you have the information.**

We must have this before/on the first day of school.

Student Name: _____ Grade: _____

Address: _____ (e.g. 1B)

Phone Numbers: Home: _____

Work: _____ Work: _____

Cell #: _____ Cell #: _____

Which district will be busing your child? _____

FIRST THREE DAYS OF SCHOOL (NO AFTER SCHOOL CARE AVAILABLE)

Where will your child go at DISMISSAL?

Wed. 9/7 pick up _____ OR bus # _____

Thurs. 9/8 pick up _____ OR bus # _____

Fri. 9/9 pick up _____ OR bus # _____

REGULAR WEEKLY DISMISSAL PROCEDURES

BEGINNING Monday, September 12, 2016

Mon. pick up _____ **OR** bus # _____ **OR** after school care _____

Tues. pick up _____ **OR** bus # _____ **OR** after school care _____

Wed. pick up _____ **OR** bus # _____ **OR** after school care _____

Thurs. pick up _____ **OR** bus # _____ **OR** after school care _____

Fri. pick up _____ **OR** bus # _____ **OR** after school care _____

____ Check here only if using After School Care on an “as needed” basis.

IMPORTANT: Any change to your child's regular dismissal procedures requires a WRITTEN NOTE whenever it is different from what is listed by parent above.