

Student Dismissal Plan 2018-2019

Dear Parents,

As our students' safety is paramount, we ask that you complete the following dismissal plan for your child. This master dismissal plan will be adhered to unless the teacher receives a note from a parent/guardian with a dismissal change. Please note, because of possible teacher absence, you should *not* rely solely on email. **All changes should be relayed in writing to the teacher, or, via a phone call to the main office prior to 2:30 p.m.**

Student Name (please print clearly): _____

Grade: _____

Teacher: _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Pick-up by parent or designated party	<input type="checkbox"/> Pick-up by parent or designated party	<input type="checkbox"/> Pick-up by parent or designated party	<input type="checkbox"/> Pick-up by parent or designated party	<input type="checkbox"/> Pick-up by parent or designated party
<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk
<input type="checkbox"/> Bus # ____	<input type="checkbox"/> Bus # ____	<input type="checkbox"/> Bus # ____	<input type="checkbox"/> Bus # ____	<input type="checkbox"/> Bus # ____
<input type="checkbox"/> CARES	<input type="checkbox"/> CARES	<input type="checkbox"/> CARES	<input type="checkbox"/> CARES	<input type="checkbox"/> CARES
<input type="checkbox"/> Daycare Van (list below) _____ _____	<input type="checkbox"/> Daycare Van (list below) _____ _____	<input type="checkbox"/> Daycare Van (list below) _____ _____	<input type="checkbox"/> Daycare Van (list below) _____ _____	<input type="checkbox"/> Daycare Van (list below) _____ _____

Special Notes (please briefly list here):

Parent Signature: _____

PLEASE RETURN TO SCHOOL WITH YOUR CHILD ON FRIDAY, SEPTEMBER 7, 2018.