

UNION BEACH PUBLIC SCHOOL

**REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL
FOR PUPILS IN GRADES PRE-K-8**

Parent Name: _____

Phone# :(H) _____ (W) _____ (C) _____

Child's Name _____ Teacher's Name _____

Child's Name _____ Teacher's Name _____

Child's Name _____ Teacher's Name _____

Please select one option below which will remain in effect for the entire school year and will apply to all school dismissal situations (i.e. regular, early and emergency dismissals as well as dismissal from all after school activities, clubs and sports). Any changes to this form must be made in writing to the school.

Option #1

_____ I acknowledge that I have read **Board Policy #8601 Pupil Supervision After School Dismissal**. You can access this policy via the district website.

My child/children will either be driven home by an adult or has/have my permission to walk home at dismissal which includes any emergency school closing days, early school closings, as well as dismissal from all after school activities, clubs and sports.

(If Option #1 is selected, just sign, date and return the form to the school.)

Option #2 (All students in PreK – 3rd grade must choose this option)

_____ I acknowledge that I have read **Board Policy #8601 Pupil Supervision After School Dismissal**. You can access this policy via the district website.

As a result, I am requesting my child/children listed above **not be permitted** to walk home from school at dismissal **unless accompanied** by a parent or designated escort.

The following persons are designated to pick-up my child/children after school dismissal in accordance with the terms of **Board Policy #8601**.

Parent Name: _____

Escorts:

_____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

Furthermore, I understand my obligations in authorizing the school to maintain supervision of my child/children after school dismissal including but not limited to:

- I and/or my designated escort will pick up my child/children at the designated dismissal area listed in the student handbook.
- I understand this request shall be for every school day, including half session and early closing days due to emergencies, and shall apply for the duration of time designated in Board Policy #8601.

Parent Name Print: _____ Date: _____

ParentSignature: _____

Please return the completed/signed form to your child's school as soon as possible.