



Student Dismissal Form

School Year 2016-2017

Student Name: _____ Grade: _____

*Please dismiss my child in the following dismissal line at the end of the school day:

(Rider line is dismissed in the school parking lot; Walker line is dismissed at the back entrance of the school toward Bishop Ave)

(please circle, ****note**: if bus, please indicate bus number and state the street name/stop under comments for reference.)

Monday : *rider* ****bus #** *after-school program* *walker*

Tuesday: *rider* ****bus #** *after-school program* *walker*

Wednesday : *rider* ****bus #** *after-school program* *walker*

Thursday : *rider* ****bus #** *after-school program* *walker*

Friday: *rider* ****bus #** *after-school program* *walker*

Comments: _____

PLEASE NOTE: Any change in line assignments must be submitted in WRITING to the school.

List the names of responsible adults, whom you authorize release of your child to at dismissal. Please check this carefully. ***PLEASE INCLUDE PARENT (AND SIBLING, if applicable) NAMES WITH THIS FORM.* Unless the name is listed here, your child will not be released to others without written permission.**

Name	Relationship to Student	Telephone

Parent Signature: _____ Date: _____

