



Dismissal Instructions 2010-11

Child _____ Age _____ Teacher _____

Please select one: Toddler Transitional Primary Kindergarten First Grade

My child will be picked up daily at dismissal time.

Names of persons regularly picking up your child:

(all MUST be listed with driver's license numbers on Student Information Sheet)

Name: _____ DL#: _____ Phone/Mobile Number: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

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Name: _____ DL#: _____ Phone/Mobile Number: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

My child will go to extended care.

Signature of parent/guardian

Date