

Dismissal



Please fill out this form and return on the first day of school.

Child's Name: _____

How will your child be dismissed?

First day of school Bus _____ Walker _____

ACE _____

20__ - 20__ School Year Bus _____ Walker _____

ACE _____

Please list the name of people (other than parents) who are allowed to pick your child up at dismissal.

Parent/Guardian Signature

X _____