Bus Number (if applicable)

_____

_____
Child's Last Name

Daily Dismissal Schedule
2017-2018

All schools must have accurate dismissal information for all students. Please complete the entire form, sign at the bottom and return this form to your child's teacher by the first day of school. Please make sure to fill in the applicable information in the boxes above.

Child's Name:_____ Home Phone: _____

Mother Cell Phone:_____ Mother Work Phone:_____

Father Cell Phone:_____ Father Work Phone:_____

If carpooling, name of Pick-up person(s) and phone number(s):_____

_____

Relationship(s) to student (if other than parent):_____

List students who are carpooling together:_____

_____

Methods of Dismissal: Bus Rider Car Rider Oak Street Walker/Biker (OSW)
Henry Street Walker/Biker (HSW) Aftercare (OSAC)

All Kindergarten Students **MUST** be picked up either in the car loop or in rooms 17/19. I give permission for an older sibling(s) to pick up their kindergarten brother/sister in rooms 17 or 19.

_____.
Signature of Parent/Guardian.

Day of Week	Method of Dismissal (Bus, OSW, HSW , OSAC etc.)	Destination (home, daycare, etc.)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Change in Dismissal: Please advise the office and teacher in writing of any changes to your child's regular dismissal procedures. Same day changes, please call the office. Please do not send any dismissal changes by email.

Early Dismissal: A district/school calendar is attached for your information. In the event of an unanticipated early dismissal, parents will be notified via the Honeywell Alert System. All students, including aftercare students, will be sent home according to their normal way for that day. Please be sure you have a plan in place for your child who normally goes to aftercare.

***If your child is not picked up, the school will contact all individuals who have been designated by the parent(s) as emergency contacts. If emergency contacts are not available, the Bernards Township Police will be notified*.**

Your signature indicates that you have read this form and the information above is accurate and correct.
I will inform the school of any changes in dismissal instructions or contact information.

Parent/Guardian Signature:_____ Date:_____