

Spring City Elementary School

Student Dismissal Form

Parents/Guardians: Please complete and return on August 31, 2009, the first day of school. This information will assist in providing a safe and timely dismissal of your child(ren). Thank you.

STUDENT NAME: _____

GRADE: _____ HOMEROOM TEACHER: _____

PLEASE PLACE AN (X) IN ALL APPROPRIATE SPACES:

MY STUDENT IS:

___ A WALKER AND WILL:

___ Walk directly home

___ Meet parent/guardian/other: _____
Name/Relationship/Phone #

___ Walk home with schoolmate: _____
Name

___ A CAR RIDER AND WILL:

___ Proceed to Parked Car

___ Meet parent/guardian and proceed to car

___ Meet other: _____
Name/Relationship/Phone #

___ ATTENDING DAYCARE LOCATED:

___ On PREMISE 'Y' (afterschool @ Spring City Elementary)

___ At YMCA (via Kindergarten AM 'Y' BUS)

___ At KIDS KARE KORNER

___ OTHER: _____

___ RIDING ASSIGNED SPRING-FORD TRANSPORTATION

Parent contact name and phone # at dismissal time: _____

FOR STUDENT SAFETY, IF THERE IS TO BE A CHANGE FROM ABOVE, PLEASE SEND A NOTE TO YOUR STUDENT'S TEACHER. IF TIME DOES NOT PERMIT A NOTE TO THE TEACHER, PLEASE CALL THE MAIN OFFICE @ 610.705.6004 PRIOR TO 2PM.

PARENT /GUARDIAN SIGNATURE & DATE _____