

Summit Street School After School Dismissal and Parental Release Form

Please complete and return this form directly to the classroom teacher.

STUDENT NAME: _____ TEACHER: _____ GRADE: _____

AFTER SCHOOL DISMISSAL PLAN

In an effort to help us ensure your child will arrive home safely after school, please indicate your plans for your child after school each day:

Day	Parent/ Guardian pickup	After-school Childcare	Child will walk/bike home	BUS IF APPLICABLE	Bus #
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If your child's plans for particular day are going to be different from that specified above, please send a note to school with your child and have him/her give the note to their teacher.

CHILD CARE PROVIDER INFORMATION

Please complete this section if your child attends childcare or has a regular baby sitter before or after school.

- Village Kids Program
 Kids & Fitness (Edge)

Name of Other Provider/Sitter: _____

RELEASE INFORMATION

The office will only release a student from school with the permission of the parents/guardians. If there are other adults who have permission to take your son or daughter from school, please list their names, address, phone number, and relationship to child below. If necessary, please call the school to add names.

Name	Phone Number(s)	Relationship to Child

DO NOT RELEASE TO: Name: _____ Relationship to Child: _____
 (Provide legal documentation directly to the school if a court order denies access.)

PARENTAL SIGNATURE AND AUTHORIZATION

Please sign below as authorization and verification of the information provided herein.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____