## Essex Elementary School AFTER SCHOOL INFORMATION

**Parent Signature** 

Student's Name:Teacher's Name:
Parent/Guardian Name, Address, and Phone#:
*Please choose only one option for each day of the week. If your child has an alternating schedule, please provide us with a calendar.*
Home Bus Information
My student rides TO SCHOOL (AM) on bus #
My student rides FROM SCHOOL (PM) on bus #
After School Address/Phone Number:
Days riding the bus home: Monday Tuesday Wednesday Thursday Friday
Pick up Information
My student gets picked up by myself or someone else on the days marked below. We will not release your child to anyone not on this list unless it
the legal parent or guardian of the student. Please call the office at 802-878-2584 or email <a href="mailto:nbergeron@ewsd.org">nbergeron@ewsd.org</a> with any changes.
Contact name and phone number:
Days picked up: Monday Tuesday Wednesday Thursday Friday
After School Care My student goes to an After School Care Provider or daycare center on the days marked below:
My student rides FROM SCHOOL (PM) to the After School Care Provider on bus #
After School Provider Name/Address:
Telephone # to After School Care Provider:
Days riding bus to after school care: Monday Tuesday Wednesday Thursday Friday
YMCA program  My student goes to the YMCA program on the days marked below:
Days going to the YMCA program:  Monday  Tuesday  Wednesday  Thursday  Friday
Parent/Guardian Signature
By signing this form, the school will follow the schedule you have set up for your child. If you have a last minute change or permanent changes, please make sure to inform the office immediately. If you do not inform us of changes we will follow the schedule you have set up.

Date