

FMS AFTER SCHOOL INFORMATION

Student's Name: _____ Teacher/Grade: _____

Parent/Guardian Name and Phone#: _____

BUS Information

My student rides **FROM SCHOOL (PM)** on bus # _____

After School Address/Phone Number: _____

Days riding the bus: Monday Tuesday Wednesday Thursday Fri

Pick up from School

My student gets picked up by one of the persons designated below. We will not release your child to anyone not on this list. Please call the office at [802-879-6326](tel:802-879-6326), send a note, or email kkedzierski@ewsd.org with any changes.

Contact name and phone number: _____

Contact name and phone number: _____

Days being picked up: Monday Tuesday Wednesday Thursday Fri

Walk/Bike Permission

YES _____ or **NO** _____ (check one) My child has permission to **walk or bike** after school. We strongly suggest if your student is biking, have him/her wear a helmet!

Days walking or biking: Monday Tuesday Wednesday Thursday Fri

After School Care

My student goes to an After School Care Provider (Name/Address/Telephone): _____

My student rides FROM SCHOOL (PM) to the After School Care Provide on bus # _____

Days going 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. If you designated that your child is allowed to walk/bike after school, you child will be dismissed from FMS on his/her own based on your above request.

Parent Signature

Date

Turn over for Emergency information Form

FMS EMERGENCY INFORMATION

Student's Name: _____

In case of an emergency (early school closing/evacuation) I would like my child to do the following:

- Go HOME on his/her regular bus: _____
 - Go to (Name and address of place desired):

 - I would like my child to stay under school staff supervision until I can pick up my child. (check box)
-

Parent/Guardian Name (1st Contact): _____

- Address: _____
- Best Phone number to reach you: _____
- Email Address: _____

Parent/Guardian Name (2nd Contact): _____

- Address: _____
 - Best Phone number to reach you: _____
 - Email Address: _____
-

Emergency contacts cannot be the same as parents. It is mandatory to provide two emergency contacts with their information (grandparents, aunts/uncles, daycare providers, friends and neighbors are good local emergency contacts). Please do not list out of state contact information as we will not be contacting them to pick up an ill child or if a student has missed the bus.

Emergency Contact Name (1st Contact): _____

- Address: _____
- Best Phone number to reach you: _____
- Email Address: _____

Emergency Contact Name (2nd Contact): _____

- Address: _____
 - Best Phone number to reach you: _____
 - Email Address: _____
-

By signing this form you give permission for any of the emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you will need to inform the school as soon as possible.

Parent Signature

Date