

# How Is My Child Getting Home

Please have your child give this completed form to his/her teacher on the first day of school!! Thank you.

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please indicate your child's dismissal plan below:

Car Rider  Bus Rider/Bus # \_\_\_\_\_

After School Care Provider

PROVIDER NAME: \_\_\_\_\_

PROVIDER PHONE#: \_\_\_\_\_

Walker (approved streets only!)

\*\*\*\*If your child's dismissal plan changes at any time during the school year please send a note to your child's teacher indicating the change in dismissal plans.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_