

# AFTER SCHOOL DISMISSAL FORM

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

For the safety of our students, it is important that we know where they are supposed to be after school. Please fill in the following schedule for your student. This is the schedule we will follow during the school year. If there is a change to the schedule, please notify the school either in writing or by calling. If we do not get notification from you, we will follow the normal after school schedule you have provided. The following options are available for our students after school:

- Ride the bus home
- Ride the bus to daycare
- Walk home
- Ride bike home
- Be picked up
- Attend the SHAS After School Program

		<i>For Office Use Only</i>		
DAY	INSTRUCTIONS	SHAS BUS	S.E.S. BUS	H.S. BUS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
PLANNED EARLY OUT				
EMERGENCY RELEASE				

I have discussed the above schedule with my child. I agree to notify the school if I need to make different arrangements. I understand that if I do not notify the school, the school will adhere to the instructions I have given above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_