



Daily Dismissal Arrangements and Permissions

2008-2009

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

My child(ren) may be released to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

(Note: You must call the office with any last-minute changes to this list. Individuals not indicated on the list, but who have been granted parental permission by phone, may be asked to produce photo identification in order to pick up your child.)

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My child will be departing school by

1. Car Driver name: \_\_\_\_\_
Monday Tuesday Wednesday Thursday Friday
(Please indicate which days for car)

All Day Children's House Only: Approximate pick-up time: \_\_\_\_\_

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2. BUS, please check one:

Orange Chagrin Falls Cleveland Heights Shaker Heights

Monday Tuesday Wednesday Thursday Friday
(Please indicate which days for bus). Note: If your child wishes to ride the bus home with a friend, he must reside in the same school district and have a note for the bus driver.

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3. Will attend After School Care \_\_\_\_\_

Monday Tuesday Wednesday Thursday Friday
(Please indicate which days for Aftercare)

4. Will attend AHA! (After Hours Activities)

Monday Tuesday Wednesday Thursday
(Please indicate which days for AHA!)

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Please describe on the reverse of this form any particular situations regarding your permission to release your child.

Parent \_\_\_\_\_ Date \_\_\_\_\_