



Daily Dismissal Arrangements and Permissions

2009-2010

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.)

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: _____

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.

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!)

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

Parent _____ Date _____