

# DISMISSAL PROCEDURE

**PLEASE COMPLETE ONE PORTION FOR EACH CHILD  
AND FORWARD INDIVIDUALLY TO EACH SEPARATE  
CLASSROOM TEACHER ON THE FIRST DAY OF  
SCHOOL.**

**DO NOT MAIL WITH TUITION PAYMENTS OR ANY OTHER  
CORRESPONDENCE.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Check one: \_\_\_\_\_ 1. WALKER/BIKE  
\_\_\_\_\_ 2. PICK-UP  
\_\_\_\_\_ 3. BUS# \_\_\_\_\_ DISTRICT \_\_\_\_\_  
\_\_\_\_\_ 4. AFTERCARE (Circle days: M T W Th F)

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Check one: \_\_\_\_\_ 1. WALKER/BIKE  
\_\_\_\_\_ 2. PICK-UP  
\_\_\_\_\_ 3. BUS# \_\_\_\_\_ DISTRICT \_\_\_\_\_  
\_\_\_\_\_ 4. AFTERCARE (Circle days: M T W Th F)

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**DISMISSAL SLIPS MUST BE HANDED TO CLASSROOM  
TEACHER ON THE FIRST DAY OF SCHOOL**