



**One for every student needs to be filled out**

**\*\* Please return to school as soon as you have the information.\*\***  
**We must have this before/on the first day of school.**

Teacher(e.g. 1W) \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Which district will be busing your child? \_\_\_\_\_

\*\*\*\*\*

**FIRST THREE DAYS OF SCHOOL  
(NO AFTER SCHOOL CARE AVAILABLE)  
Where will your child go at DISMISSAL?**

Wed. **9/3** pick up \_\_\_\_\_ OR bus # \_\_\_\_\_  
Thurs. **9/4** pick up \_\_\_\_\_ OR bus # \_\_\_\_\_  
Fri. **9/5** pick up \_\_\_\_\_ OR bus # \_\_\_\_\_

\*\*\*\*\*

**REGULAR WEEKLY DISMISSAL PROCEDURES  
BEGINNING **SEPT. 8, 2008****

Mon. pick up \_\_\_\_\_ OR bus # \_\_\_\_\_ OR after school care \_\_\_\_\_  
Tues. pick up \_\_\_\_\_ OR bus # \_\_\_\_\_ OR after school care \_\_\_\_\_  
Wed. pick up \_\_\_\_\_ OR bus # \_\_\_\_\_ OR after school care \_\_\_\_\_  
Thurs. pick up \_\_\_\_\_ OR bus # \_\_\_\_\_ OR after school care \_\_\_\_\_  
Fri. pick up \_\_\_\_\_ OR bus # \_\_\_\_\_ OR after school care \_\_\_\_\_

**\*\* \_\_\_\_\_ Check here only if using After School Care on an “as needed” basis.**

Office/welcomingpacket/busing

