

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

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

**ROARING BROOK SCHOOL  
DISMISSAL SCHEDULE 2020-21**

This schedule will be your child's permanent dismissal schedule, unless a signed written note is received notifying the office of a change.

**Please check the boxes below to indicate how you wish your child to be dismissed at the end of the school day.**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Parent Pick-Up					
Ride Assigned Bus					

This schedule will start effective \_\_\_\_\_  
Date

***In case of emergency - the following adults are authorized to pick up my child:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If someone other than parents are picking up your child, please send in a hand written note.**

This schedule will remain in effect daily (**including early dismissal days**) until written notification of change is received.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please return this signed form to your child's classroom teacher.