New Milford K-5 Student Dismissal Request

School staff members request the following information in order to know and appropriately follow parent/guardian plans for dismissal. It is the responsibility of the parent/guardian to notify the school as to the preferred plan for the dismissal of their children, as well as be familiar with the school calendar and dismissal times.

Please read the statement below in order to let school officials know how your child should be released at dismissal time.

Student’s Name:____________________________  Teacher:_________________  Grade:________

Please read and check BOTH immediately below:

☐ My child is aware of our family plan for leaving school grounds each day. My child knows to return to the teacher or Main Office if there is an unexpected change in our plans.

☐ I understand that changes to this plan may only be made in writing and given to the teacher in advance of the anticipated change. Emergencies only should be telephoned to the Main Office. I know not to send an email on the same day of a change, as the message may not be read until the end of the teacher’s instructional day. I have received the school calendar and I am aware of all types of changes to the school day (i.e., early dismissals) and will plan accordingly.

Please read and check ONE below:

☐ My child goes to the Latchkey after school program. Circle Days:  M  Tu  W  Th  F
   (Check a second box below if your child does not attend Latchkey five days per week)

☐ A parent/guardian (or other adult designated below*) will meet my child at the teacher’s door at dismissal.

☐ My child may walk away from the classroom door to walk home.

☐ My child may meet a group or ride at a designated spot away from the classroom door.

☐ My child should walk to his/her youngest sibling’s classroom to be dismissed at that door.
   Name of teacher of youngest sibling: ________________________.

☐ Other (Please describe) * ____________________________________________________________________

________________________________________       __________________________
Parent/Guardian Signature                               Date

____________________________
Parent/Guardian PRINT NAME