



ALICE E. GRADY ELEMENTARY SCHOOL



Arrival and Dismissal Form

It is important to have this information for the safety of the children

Student's Name: _____

Address: _____

Phone Number: _____

Teacher's Name: _____

Please indicate how your child will be traveling to and from school:

To school (please check all that apply and circle days of the week that are applicable):

_____ By bus from home address
Bus # & stop: _____
Everyday, Monday, Tuesday, Wednesday, Thursday, Friday

_____ By bus from other location
Bus # & stop: _____
Everyday, Monday, Tuesday, Wednesday, Thursday, Friday
Provide pick-up address _____
Contact name _____ Phone #: _____

_____ Dropped off

Home from school (please check all that apply and circle days of the week that are applicable):

_____ By bus to home address
Bus # & stop: _____
Everyday, Monday, Tuesday, Wednesday, Thursday, Friday
Will be met by _____ Phone #: _____

_____ By bus to other location
Bus # & stop: _____
Everyday, Monday, Tuesday, Wednesday, Thursday, Friday
Provide drop-off address _____
Will be met by _____ Phone #: _____

_____ Will Walk

_____ Will be picked up by: (please provide all information of all parties you wish to pick your child up, otherwise your child will not be released to that person if no written permission is given)

1. _____
2. _____
3. _____

Parent's signature _____ Date: _____