

Carl L. Dixson Primary 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

_____ Dropped off at school

_____ From home by bus: Bus # & Stop

_____ From another location by bus: Bus # & Stop

HOME FROM SCHOOL

_____ By bus to home address

Bus # & Stop: _____

(Please circle) Everyday, Monday, Tuesday, Wednesday, Thursday, Friday

Will be met by _____ Phone #: _____

_____ By bus to another location

Bus # & stop: _____

(Please circle) Everyday, Monday, Tuesday, Wednesday, Thursday, Friday

Provide drop-off address _____

Will be met by _____ Phone #: _____

PICKED UP AT SCHOOL (Please circle) Everyday, Monday, Tuesday, Wednesday, Thursday, Friday.

Adults allowed to pick up your child, name, relationship, and phone number.

1. _____

2. _____

3. _____

Parent's signature _____ Date: _____