

LINDEN PUBLIC SCHOOLS
SCHOOL #4



DISMISSAL FORM 2024- 2025

STUDENT'S NAME: _____
GRADE & TEACHER: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- Parent pick-up
- I give my permission for my child to walk home from school
- Linden Board of Education After- Care at School #4
- Other Arrangements (please complete boxes below)

Designees - My child will be picked up by someone other than myself, the following adults may pick up my child:

Designee #1		Designee #2	
Name		Name	
Relationship		Relationship	
Phone #		Phone #	

Outside Day Care Center – if your child is to be transported by private bus:

Day Care Center Name		Phone #	
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Please Note: Older siblings must exit the building with their own class. They may pick up younger siblings at their separate dismissal door.

- ANYONE AUTHORIZED TO PICK UP YOUR CHILD **MUST** BE LISTED ON THIS FORM.
- NO CHILD WILL BE RELEASED TO **ANY** ADULT WHO IS NOT LISTED ON THIS FORM.
- IN THE EVENT OF AN EMERGENCY, WRITTEN CONSENT MUST BE SENT INTO THE SCHOOL.

I HAVE FILLED IN THE REQUIRED INFORMATION AND WILL NOTIFY THE PRINCIPAL OF ANY CHANGES BEFORE THEY ARE INSTITUTED.

Parent/ Guardian Signature

Date

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR HOMEROOM TEACHER ON THE FIRST DAY OF SCHOOL.