

Seth G. Haley Elementary School
2014-2015



Student Dismissal Plan
(Please complete a separate form for each of your children)

For the safety of your child during afternoon dismissal, please fill out the following information. **If there is a change in your child's dismissal routine, please call the main office at 203-931-6810 before 2:30pm.**

Student name: _____

Grade _____ Classroom teacher: _____

I give the following individuals permission to pick up and sign out my son/daughter named above. I understand that individuals NOT on this plan will not be allowed to pick up my child. I also understand that it is my responsibility to keep this dismissal plan updated and accurate.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Parent/guardian signature: _____

Date: _____