



Dear Lower Lab Families,

Please fill out this Dismissal Schedule and return it to your teacher the 1st Day of School. It is very important that teachers are aware of your dismissal plans for **September 7th and 8th.**

Child's Name _____ Class _____ Parent's Name _____

Dismissal Schedule

Please indicate below how your child is to be picked up from school each day
(i.e. bus, babysitter's name, parent, afterschool etc...)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
X	X	X		

Please send a written note if the plans change for **any** reason. This policy ensures the safety of your child. Children will be dismissed according to this schedule unless a written change is received.

Thank you.

Parent's Signature _____ Date _____