

SCHOOL DISMISSAL FORM

School employees are expected to know and supervise the implementation of the parents’/guardians’ plans for dismissal. It is the responsibility of the parent/guardian to notify the school as to the preferred plan for the dismissal of their children, as well as be familiar with the school calendar and dismissal times. It is imperative that you keep the school apprised of any changes in the dismissal instructions. This includes notifying your classroom teacher if your child is attending an afterschool PTA event. A change in the instructions should be placed in writing and forwarded to your child’s teacher.

Student’s Name _____ Grade _____ Homeroom Teacher: _____

Attached Documents

- District Policy 5142
- School Calendar

Links to these documents are available on the OPS website.

_____ Yes, I have read and understand District Policy 5142 Student Safety

_____ Yes, I have read and understand the school calendar

Dismissal Options

_____ **NO VISUAL HAND-OFF REQUIRED:** My child is aware of our family plan for leaving school grounds each day. The supervising staff member will dismiss my child from the **assigned door** at the designated time. My child knows to return to the teacher or mail office if there is an unexpected change in our plans.

***Please note:** This option should be selected if the child walks or rides their bike home or if a parent (or other adult/sibling/group) meets the child at a designated location other than the dismissal door on a regular basis. This option should also be selected if your child walks to a different door or location to meet a sibling.*

_____ **VISUAL HAND-OFF REQUIRED:** My child may be released by the supervising staff member ONLY to the following:

Please note: If this option is selected, make sure to include all care givers, siblings, as well as leaders of any organization in which your child is participating immediately following dismissal from school, i.e. Brownies, Boy Scouts, etc. This option should also be selected if your child is in YMCA After Care. (

Name	Phone (Home)	Phone (Cell)

I understand that school personnel will follow the plan indicated above every day.

_____ Parent/Signature

_____ Date