

DISMISSAL INFORMATION FOR THE 1ST DAY OF SCHOOL ONLY

Student Name: _____

Teacher: _____

Walker/Parent Pick-Up

Name of person picking up: _____

Taking Bus Home - Bus number or Letter _____

Taking Bus To After Care (If yes, please check below)

Ask Us

South Shore Learning Center

Story Book

Every Student Should Return This Form To Their Teacher The Morning Of The 1st Day of School

