

Bus number (if applicable)

Liberty Corner School  
Daily Dismissal Schedule  
2014-2015

Child's Last Name

In order for the school to be aware of the dismissal specifics for each student, your cooperation in completion of the attached registration form is necessary. Please complete the general information portion at the top of the page, including the boxes with your child's bus number (if applicable) and your child's last name. Then complete the **Methods of Dismissal and Destination** section. Please remember to sign where indicated.

**Please return this form to your child's teacher during the first week of school.**

Child's name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime e-mail address: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

If carpooling, name of Pick-up person(s) and phone number(s): \_\_\_\_\_

Relationship(s) to student (if other than parent): \_\_\_\_\_

**Early Dismissals:** In the event of an unanticipated early dismissal all students will be sent home via their normal way for that day. Notification for the early dismissal will be made via the Honeywell Alert.

**Day of Week**                      **Method of Dismissal** (see above)                      **Destination** (home, daycare, etc.)

**Monday**                                      \_\_\_\_\_                                      \_\_\_\_\_

**Tuesday**                                      \_\_\_\_\_                                      \_\_\_\_\_

**Wednesday**                                      \_\_\_\_\_                                      \_\_\_\_\_

**Thursday**                                      \_\_\_\_\_                                      \_\_\_\_\_

**Friday**                                      \_\_\_\_\_                                      \_\_\_\_\_

**IMPORTANT REMINDER:** Please advise the office and teacher in writing of any changes to your child's regular dismissal procedures that are listed above. Thank you.

**Please complete only if your child is an independent walker.**

My child \_\_\_\_\_ has permission to walk/bike ride from school without adult supervision. My child may or may not be met by an adult along the route.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return ASAP to Debbie Tracy, LCS office**