

Jane Addams Elementary
School Dismissal Form

Date: _____

Student's Name: _____

Teacher's Name: _____

Please check all that apply today:

My child will be picked up by _____

My child will be going to Latch Key after school

My child will be staying after school for a supervised program
(program name) _____

Every _____ (day) until further notice my child will go to
_____ after school.

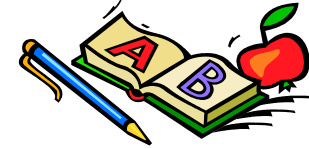
Other: _____

Parent/Guardian contact information:

Phone: _____

Email: _____

Parent signature: _____



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