

**LINDEN PUBLIC SCHOOLS  
SCHOOL #4**



**DISMISSAL FORM 2023- 2024**

STUDENT'S NAME: \_\_\_\_\_  
 GRADE & TEACHER: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- Parent pick-up
- I give my permission for my child to walk home from school
- Linden Board of Education After- Care at School #4
- Other Arrangements (please complete boxes below)

**Designees** - My child will be picked up by someone other than myself, the following adults may pick up my child:

Designee #1		Designee #2	
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Phone #</b>		<b>Phone #</b>	

**Outside Day Care Center** – if your child is to be transported by private bus:

<b>Day Care Center Name</b>		<b>Phone #</b>	
-----------------------------	--	----------------	--

**Please Note:** Older siblings must exit the building with their own class. They may pick up younger siblings at their separate dismissal door.

- **ANYONE AUTHORIZED TO PICK UP YOUR CHILD MUST BE LISTED ON THIS FORM.**
- **NO CHILD WILL BE RELEASED TO ANY ADULT WHO IS NOT LISTED ON THIS FORM.**
- **IN THE EVENT OF AN EMERGENCY, WRITTEN CONSENT MUST BE SENT INTO THE SCHOOL.**

*I HAVE FILLED IN THE REQUIRED INFORMATION AND WILL NOTIFY THE PRINCIPAL OF ANY CHANGES BEFORE THEY ARE INSTITUTED.*

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN THIS FORM TO YOUR HOMEROOM TEACHER ON THE FIRST DAY OF SCHOOL.**