



Daily Dismissal Plan 2018-19

Student Name (First and Last) _____

Grade _____ Teacher _____

HOME BUS # _____

Name of Morning Day Care, if any _____

Name of Afternoon Day Care, if any _____

****Complete or check box as it applies****

	Bus # To School	Bus # From School	Destination details (if other than home)	Pick-up @ 3:25 dismissal	COMO at DMS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

My child may be dismissed to the following adults (other than parents/guardians).
Please note: ONLY those listed here or on your child's Emergency Card may sign out your child:

*In the event that there is a question about your child's dismissal plan, please list a telephone number and an email address where you can be reached **during school hours**.

PHONE# _____ EMAIL: _____

If a one-day change to this daily dismissal plan is required, please use the orange DMS Change of Dismissal Form. Additional copies of these forms are always available in the office and on the DMS website.

Parent/Guardian Signature: _____ Date: _____