

# Sprague School Dismissal Form

Must be returned by September 4, 2018



Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Please indicate dismissal plans for each day of the week. Circle your choices below.

**Monday**      **Bus**              **Car Line**              **Walker**              **WCCC**              **Other (specify)**

\_\_\_\_\_

**Tuesday**      **Bus**              **Car Line**              **Walker**              **WCCC**              **Other (specify)**

\_\_\_\_\_

**Wednesday**      **Bus**              **Car Line**              **Walker**              **WCCC**              **Other (specify)**

\_\_\_\_\_

**Thursday**      **Bus**              **Car Line**              **Walker**              **WCCC**              **Other (specify)**

\_\_\_\_\_

**Friday**      **Bus**              **Car Line**              **Walker**              **WCCC**              **Other (specify)**

\_\_\_\_\_

### Walking Field Trips

I give my child permission to participate throughout the year in activities within walking distance of the school. I understand that my child will be walking with his/her class under the supervision of school staff members.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_