

## Sprague School Dismissal Form

*Must be returned by August 28, 2024*

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

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

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)

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**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 \_\_\_\_\_