

Sprague School Dismissal Form

Must be returned by August 27, 2025

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)

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 _____