

*Packanack Elementary School*

190 Oakwood Drive Wayne, New Jersey 07470  
Roger R. Rogalin, Principal

Phone: (973) 633-3170 Fax: (973) 872-1215  
Dr. Mark Toback, Superintendent

**2018-2019 ~ Elementary Parent Permission Dismissal Slip**

Dear Parent/Guardian:

Kindly indicate the procedures you would like our school to follow regarding the dismissal of your child. Please list your child's name, grade, and class below:

Student's Name (PRINT)	Grade	Teacher
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***\*\*\*Check the dismissal option that applies for the child that you have listed above and return it to your child's teacher on the first day of school - September 6<sup>th</sup>. If this form is not returned on September 6<sup>th</sup> you will be required to pick up your child(ren) in the Gym.***

\_\_\_\_\_ I /designee will pick up my child at the designated dismissal door.

Designee Name (PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_ Age (if sibling) \_\_\_\_ Phone \_\_\_\_\_

Designee Name (PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_ Age (if sibling) \_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ My child is permitted to leave school building at dismissal unaccompanied.  
(e.g. walk home and walk to my car that is parked)

\_\_\_\_\_ My child attends Extended/After Care – Monday through Friday

\_\_\_\_\_ My child attends Extended/After Care **only on the days circled below:**  
(please circle: Mon – Tues – Wed – Thurs – Fri )

If your child only attends the days selected above, please check an additional option for days not attending.

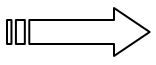
\_\_\_\_\_ My child takes the bus (e.g. Board of Ed, Boys & Girls Club)

**Please list the names of any other brothers/sisters in this school:**

(1) \_\_\_\_\_  
Student's Name (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

(2) \_\_\_\_\_  
Student's Name (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

(3) \_\_\_\_\_  
Student's Name (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_



***I have read the enclosed "Dismissal Information" sheet (please print & sign below)***

\_\_\_\_\_ Parent/Guardian's Name (PRINT)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_ Signature of Parent/Guardian (PRINT)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

This Dismissal Slip shall apply for the 2018-2019 academic year unless it is rescinded or amended by the parent(s), in writing. Students will be dismissed only in accordance with the terms of this Dismissal Slip unless the District is specifically notified, in writing, by the parent, that a different dismissal procedure is required on a specific day.