



A.P.TerHune Elementary

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Elementary Parent Permission Dismissal Slip 2018-2019

Dear Parent/Guardian:

Please read below and 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 _____ Grade _____ Class _____

Kindly check (✓) ONE dismissal option for the child that you have listed above.

_____ I or my designee will pick up my child at the designated dismissal door.

Designee name _____ Relationship _____ Age (if sibling) _____

Designee Phone _____

_____ My child is permitted to leave school building at dismissal unaccompanied.
(i.e.: walk home or walk to my parked car)

_____ My child attends Extended/After Care on the following days. **Please check all that apply.**

Monday Tuesday Wednesday Thursday Friday

_____ My child takes the bus home or to another facility at the end of the school day.
(i.e.: Board of Ed., Wayne Y, Boys and Girls Club) **Please circle one.**

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

_____ Student's Name _____ Grade _____ Class _____

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I have read the attached "Dismissal Procedure" information.

_____ Print Parent/Guardian's Name

_____ Phone

_____ Signature of Parent/Guardian

_____ 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This Dismissal Slip shall apply for the 2018-2019 academic year unless it is rescinded or amended by the parent(s), in writing.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.