



RIVER VALE SCHOOL DISTRICT

Student Dismissal Request

District Personnel are expected to know and supervise the implementation of parental/guardian plans for dismissal of students. It is the responsibility of parents/guardians to notify the school as to the preferred plan for the dismissal of their children, as well as be familiar with the school calendar and dismissal times.

Please read all areas below to ensure the proper release of your child during any type of school dismissal.

Student's Name: _____ Teacher: _____ Grade: _____

FAMILY PLAN: My child is aware of our family plan for leaving school grounds each day. District personnel will dismiss my child from school at the designated time. ***This is very important if a child walks home, alone or with a group, or if a parent (or other adult/group) meets the child at a designated location other than school grounds on a regular basis.*

Please initial box to confirm the following:

My child knows to return to a teacher or main office if there is an unexpected change to our regular plans.

Please initial box to confirm the following:

My child has permission to independently travel to and from school.

STUDENT RELEASE: My child may be released by district personnel to the following individuals. ***Please make sure to include all faculty members, caregivers, siblings, as well as leaders of any organization, in which your child is participating immediately following school dismissal, i.e., Scouts, CCD, Hebrew School, athletics or clubs, etc. Additional names may be added on the reverse if necessary.*

NAME

CONTACT NUMBER(S)

_____	_____
_____	_____
_____	_____
_____	_____

I understand that district personnel will follow the plan indicated above **every day**. Changes to this plan may only be made in writing and given to the homeroom teacher in advance. In the event of an unexpected situation, I will contact the school office as soon as possible to advise of any different arrangement for my child's dismissal that day. It is my responsibility to update this form as needed. I have received/and or reviewed the school calendar on the district website inclusive of Delayed or Emergency Schedules and Procedures and am aware of all types of changes to the school day (i.e., early dismissal, delayed opening) and will plan accordingly. It is understood that the individuals listed are to be utilized for school dismissals.

Parent/Guardian Signature

Date

Please print name of Parent/Guardian:
