



ELI WHITNEY
1130 Huntington Road
Stratford, Connecticut 06614
203-385-4198

Please return this form with your child on the first day of school!

My Child's Daily Dismissal Plan for 2016-17 School Year (Gr. K-3)

Child's Name: _____
(Please Print)

Teacher: _____

<i>Check Only One Option Per Day →</i>	<i>Bus or Van #</i>	<i>YMCA</i>	<i>Back Walker*</i>
Monday	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Tuesday	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Wednesday	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Thursday	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Friday	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____

* Please list name(s) of person(s) who will be picking up your child each day. This person must be listed on the emergency form for authorized pick-up. *Any change to this daily dismissal plan must be put in writing and sent to the main office.*

Parent/Guardian Signature: _____

Phone Number: _____