

Canton City School District
Student, Family and Community Support

Grade _____

Class _____

DISMISSAL FORM

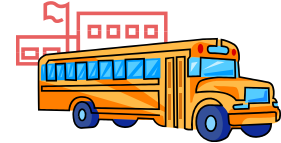
At dismissal, _____ will:

(Student's Name)

___ **WALK HOME**

___ **RIDE A VAN/BUS:** (Check one of the following)

**List days to ride if not for the entire week*



___ Canton City School Bus # _____

___ Little Learners

___ Koala Kruisers

___ All-Star Kids

___ McKinley Child Care

___ Other _____
(give name of child care)

___ **Y-CARE (ON SITE AT SCHOOL)**

___ **WILL BE PICKED UP BY:** _____

*Please note – any changes to this must be received IN WRITING!

NO PHONE CALLS will be accepted!

Others who have permission to pick up my child:

Other siblings at this School:

Name _____

Class _____

Name _____

Class _____

**For your child's safety, all Kindergarten students are checked out daily at the door by staff members.
Please be prepared to show photo I.D.*

Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Phone _____

Signature _____ Date _____