

Northvail Elementary School

Name of Student: _____

Grade/Teacher: _____

Date: _____

My child: _____ should be dismissed as a walker

_____ will be picked up by _____
at _____

_____ should be dismissed as a busser

_____ should go to PM SKIP

_____ will be away from _____ to
_____ and will be returning to school
on _____

_____ other _____

Parent Name: _____

Parent Signature: _____

Phone Number: _____