



## Donovan Student Dismissal Procedures

Dear Parent or Guardian:

Please complete the form below stating your request for dismissal procedures from Donovan Elementary. The purpose of the form is to allow your child, the homeroom teacher and the office staff to be aware of the dismissal procedure. A consistent routine for your child is strongly recommended as it will make the dismissal smooth for all parties involved. This form will be kept on file in the office and a copy will be given to the homeroom teacher. Please contact the office in writing when a permanent change needs to be made to your child's dismissal procedure. If a situation arises where this procedure needs to change for a single day please contact the office by 1:00 so that the office staff has adequate time to contact your child's teacher and make the necessary changes.

Thank you for your cooperation,

Clifton Franz,  
Principal

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

My child will be dismissed as a bus rider or as a walker / car rider on the following days:

(Please mark the appropriate dismissal procedure each day)

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
<input type="checkbox"/>	WALK / CAR	<input type="checkbox"/>	WALK / CAR	<input type="checkbox"/>	WALK / CAR	<input type="checkbox"/>	WALK / CAR	<input type="checkbox"/>	WALK / CAR
<input type="checkbox"/>	BUS # _____	<input type="checkbox"/>	BUS # _____	<input type="checkbox"/>	BUS # _____	<input type="checkbox"/>	BUS # _____	<input type="checkbox"/>	BUS # _____

I understand that my child as a walker / car rider will be dismissed from his or her classroom and walk to the front parking lot where he or she will meet their intended transportation to be arranged by the parent or guardian.

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_  
\_\_\_\_\_

Please return this completed form to the Donovan Office