

Gilliard Elementary School
Dismissal Information/Application for Student Enrollment 2022-2023
Must be completed by Parent/Legal Guardian
PLEASE PRINT

Child's Name _____ Date _____

Teacher & Grade Level for the 2022-23 School Year _____

Please check your child's dismissal (**CHOOSE ONE**):

_____ **Gator Care -or- Boys & Girls Club** (circle one)

_____ **Car** - Your child **MUST** be picked up by 3:30

_____ **Bus**

Bus Color _____

Siblings that also ride the bus _____

_____ **Daycare** & Name of Daycare _____

_____ **Walk**

_____ My child must travel **across** Dauphin Island Parkway

_____ My child will travel **north** (towards the interstate)

_____ My child will travel **south** (towards the bridge)

By signing below, I understand that:

-I must notify the school **in person and show a valid ID** to make any change in these dismissal procedures

-I **cannot call the school** and make changes to the dismissal procedures over the phone

-My child **will not be dismissed** to anyone not currently listed on the registration information

-My child will be sent to Gator Care **if not picked up by 3:30**, and I will be **charged a fee**

Parent's Signature _____ Date _____

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DATE _____ SCHOOL Gilliard Elementary School GRADE 2022-23 _____

NAME: _____

DATE OF BIRTH _____ SEX: **MALE** or **FEMALE**

HOME PHONE () _____ CELL PHONE () _____

ADDRESS, CITY/STATE/ZIP _____

RACE: **ASIAN** **BLACK** **HISPANIC** **AMERICAN INDIAN** **MULTI** **WHITE** **PACIFIC ISLANDER**

CHILD LIVES WITH (CIRCLE ONE):

PARENTS **MOTHER** **FATHER** **GUARDIAN/RELATION:** _____

A COPY OF GUARDIANSHIP PAPERS ARE REQUIRED

SOCIAL SECURITY NUMBER (OPTIONAL) _____

MOTHER/GUARDIAN _____
ADDRESS (IF DIFFERENT FROM ABOVE) _____
EMAIL ADDRESS _____
CELL PHONE () _____ WORK PHONE () _____
EMPLOYER _____

FATHER/GUARDIAN _____
ADDRESS (IF DIFFERENT FROM ABOVE) _____
EMAIL ADDRESS _____
CELL PHONE () _____ WORK PHONE () _____
EMPLOYER _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACTS: (PLEASE LIST A PERSON/NUMBER OTHER THAN YOUR OWN)

CONTACT 1:	CONTACT 2:
NAME _____	NAME _____
RELATION _____	RELATION _____
PHONE _____	PHONE _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL		
1 _____	RELATION _____	PHONE _____
2 _____	RELATION _____	PHONE _____
3 _____	RELATION _____	PHONE _____

NAME/ADDRESS OF FORMER SCHOOL (IF NOT GILLIARD) _____

PARENT SIGNATURE _____