

Teacher: _	 	Grade:
Emoile		

## 2021-2022 STUDENT DISMISSAL INFORMATION

Student's Name:				
Address:		Zip Code:		
Mailing Address (If different):				
Birth Date:	Age:	Gender:(Please Circ	le) Male Female	e
Allergies: NO YES, explain:				
Medicine Needed: NO YES, explain:				
Other Medical Conditions: NO YES	, explain:			
Custody Issues: NO YES, explain:				
Restricted Dismissal: DO NOT ALLOW			TO SEE MY CHII	LD.
Siblings or Family Members at Maryvale:				
PARENT/GUARDIAN INFORMATIO	<u>N:</u>			
‡1) Parent/Guardian:				
Home Phone:	Call Phone:	Other	Relationship to student:	
‡2) Parent/Guardian:			Relationship to student:	
Home Phone:	Cell Phone:	Other:_		
EMERGENCY CONTACTS (Those allo	owed to pick up this stud	<u>ent):</u>		
*1)Name of Emergency Contact		Phone #s	Relationship to student:	
<del>*</del> 2)				
Name of Emergency Contact		Phone #s	Relationship to student:	
Name of Emergency Contact		Phone #s	Relationship to student:	
Name of Emergency Contact		Phone #s	Relationship to student:	
#5)		THORE #5	Relationship to student.	
Name of Emergency Contact		Phone #s	Relationship to student:	
Name of Emergency Contact	]	Phone #s	Relationship to student:	
‡7)		DI #		
Name of Emergency Contact #8)	1	Phone #s	Relationship to student:	
Name of Emergency Contact	]	Phone #s	Relationship to student:	
<b>DISMISSAL PROCEDURE:</b> (Circle One)	Changes in dismissal M	UST be made in writing/in	person. No phone calls, ple	ase.
CAR	BORDEAUX ST	MARYVALE SHOP	D.I.P. FIRE STATI	
RIDER DAY CARE BUS	WALKER	(Eagle Drive WALKER)	WALKER WALKER	L
RAINY DAY DISMISSAL FOR WALF	KERS ONLY: If it is rai	ining at <u>2:40pm</u> at Maryvale	e: WALK CAR HOME RIDE	

Parent/Guardian Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_