Student Dismissal Plan  
(Please complete a separate form for each of your children) 

For the safety of your child during afternoon dismissal, please fill out the following information. **If there is a change in your child’s dismissal routine, please call the main office at 203-931-6810 before 2:30pm.** 

Student name: ________________________

Grade ________ Classroom teacher: ________________

I give the following individuals permission to pick up and sign out my son/daughter named above. I understand that individuals NOT on this plan will not be allowed to pick up my child. I also understand that it is my responsibility to keep this dismissal plan updated and accurate.

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________

Parent/guardian signature: ____________________  Date: ____________