

Denbo-Crichton Elementary School 2024-2025 School Year



Escort Dismissal (Walkers) Request for Supervision at Dismissal

| | Child's name: | Teacher: | | Grade: |
|-----------|--|---|--------------------------|-----------------------|
| | Parent/Legal Guardian Name(s): | | | |
| | Home phone: | Work Phone: | Cell phone: | |
| | uesting the school only release my ng at the bottom of this form, I und | child to his/her parent/legal guard | an or the escorts I h | nave designated below |
| | rs requiring an escort dismissal will | - | | |
| • Studer | nts designated as participating in es | scort dismissal will be supervised u | ntil picked up. | |
| | smissal procedure shall be effective missal days. | e upon school official signature and | l shall apply to all scl | nool days including |
| | my child leaves the school property or the actions of the designated pa | with their designated escort, the creat/guardian or escort. | listrict is not respons | sible for my child's |
| • Any pa | arent/guardian or escort should be | prepared to show ID to school pers | sonnel. | |
| • My chi | ild will not be dismissed to any pers | son not listed on this form. | | |
| • This ag | greement will remain in effect for t | he entire school year unless revoke | d in writing. | |
| Indivi | duals authorized to esco | ort my child(ren) at dism | issal: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Parer | nt/guardian signature | : | Date: | |
| Schoo | ol Office Approval Da | te: | | |