



JOHN F. KENNEDY ELEMENTARY SCHOOL

Wayne Township Public Schools
1310 RATZER ROAD, WAYNE, NJ 07470
Tel: 973-633-3160 Fax: 973-942-1711

Kolleen Myers
Principal

Lise Quinn, Secretary
Kathy Peragallo, Nurse

Elementary Dismissal Parent Permission Slip

Dear Parent/Guardian:

Please read and indicate the procedures regarding the dismissal of your child.

_____ Student's Name _____ Grade _____ Class

Kindly check (✓) ONE dismissal option for the child that you have listed above.

_____ I /designee (18 and older) will pick up my child at the designated dismissal door.

Designee name _____ Relationship _____ Age (if sibling) _____ Phone _____

Designee name _____ Relationship _____ Age (if sibling) _____ Phone _____

Designee name _____ Relationship _____ Age (if sibling) _____ Phone _____

Designee name _____ Relationship _____ Age (if sibling) _____ Phone _____

_____ My child is permitted to leave school building at dismissal **unaccompanied.**
(e.g. walk home, walk to my car that is parked)

_____ My child attends Extended/After Care. (**Please circle** – Mon, Tues, Wed, Thurs, Fri)
If your child does not attend every day, please check an additional option for days not attending.

_____ My child takes the bus. (e.g. Chicken, Frog, YMCA, Boys and Girls Club, etc.)
Name of Bus _____

Please list the names of any other brothers/sisters in this school.

_____ Student's Name _____ Grade _____ Class

_____ Student's Name _____ Grade _____ Class

I have read the attached "Dismissal Procedure" information.

_____ Print Parent/Guardian's Name _____ Phone

_____ Signature of Parent/Guardian _____ Date

This Dismissal Slip shall apply for the 2016/2017 academic year unless it is rescinded or amended by the parent(s), in writing. Students will be dismissed only in accordance with the terms of this Dismissal Slip unless the District is specifically notified, in writing, by the parent, that a different dismissal procedure is required on a specific day.