

MMSA Dismissal Information

STUDENT'S NAME

Please fill out the following information completely and accurately to help us ensure your child's safety at the end of each school day. If information changes during the school year please let the school know ASAP.

At 3:00pm each day, my child will:

_____ go home

_____ go to MMSA Extended Day Program

_____ go to other Day Care

My child will:

_____ be picked up in cars – Driver's Name (s): _____

_____ walk home

_____ walk to day care

Day Care Information if other than MMSA Extended Day:

NAME: _____

ADDRESS: _____

PHONE: _____

Any other information we may need for dismissal:
