

HOPE VALLEY ELEMENTARY SCHOOL STUDENT DISMISSAL/PICK-UP NOTE

Additional forms available in the main office and on our school webpage at www.chariho.k12.ri.us/hv.

Date: _____ Student Name: _____ Grade/Teacher: _____

_____ Today ONLY _____ Other (Please explain): _____

Or Every: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Pick up time: _____ regular dismissal @ 3:20 in Library OR Early dismissal @ _____ (time)

Student will be picked up by: _____ Parent _____ Other (who?) _____

BRING PROPER ID WHEN SIGNING OUT A STUDENT. (Only those on the Emergency Consent form may sign out your child.)

Parent Signature: _____

NOTE:PARENT PHONE CALLS FOR STUDENT DISMISSAL WILL BE HONORED ONLY IN EMERGENCIES AND APPROVED BY THE PRINCIPAL.

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