WALL TOWNSHIP PUBLIC SCHOOL DISTRICT Request for Pupil Supervision After School Dismissal

Student's name	Grade	Parent's name
	tion I am requesting th	01, on days when my child does not use ne following dismissal procedure for my ol:
*Option I My unescorted.	child may be permitte	ed to walk/bike (with helmet) home
*Option II My designee.	child may be picked u	p by his/her parent/ guardian or
	be <u>signed out</u> by me o	ervised in the main office after school or someone that I have listed on the
*Options I and II can both be of the other two options.	selected simultaneously	. Option III cannot be selected with either
I acknowledge that I can obtain www.wallpublicschools.org or school district to maintain sup	r the main office and un	derstand my obligation in requesting the
I understand that the request in closing days and shall apply for		for every school day, including early
I acknowledge receipt and have	ve reviewed the district'	s school calendar.
I understand that my child is nadministrative approval.	not permitted to go home	e on a different bus route without signed
•	ny child from that activi	l activities, including sports programs, this ty unless a <u>Dismissal from After School</u>
	we have no verification	will not honor phone calls to change my n of with whom we are speaking. Changes of any change being enacted.
Parent/Guardian (print name)	Signature	

Return form to your child's homeroom teacher or to the Main Office