



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

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's name

**In accordance with Board of Education Policy #8601, on days when my child does not use district provided transportation I am requesting the following dismissal procedure for my child at \_\_\_\_\_ School:**

**\*Option I. \_\_\_\_\_ My child may be permitted to walk/bike (with helmet) home unescorted.**

**\*Option II. \_\_\_\_\_ My child may be picked up by his/her parent/ guardian or designee.**

**Option III. \_\_\_\_\_ My child shall remain supervised in the main office after school until pick up and will be signed out by me or someone that I have listed on the student information form:**

\*Options I and II can both be selected simultaneously. Option III cannot be selected with either of the other two options.

I acknowledge that I can obtain a copy of Board Policy from the district website at [www.wallpublicschools.org](http://www.wallpublicschools.org) or the main office and understand my obligation in requesting the school district to maintain supervision of my child after school dismissal.

I understand that the request indicated above shall be for every school day, including early closing days and shall apply for the school year.

I acknowledge receipt and have reviewed the district's school calendar.

I understand that my child is not permitted to go home on a different bus route without signed administrative approval.

I understand that if my child is involved in afterschool activities, including sports programs, this form will be used to dismiss my child from that activity unless a Dismissal from After School Activities is on file with the coach or advisor.

Further, I understand that the Wall Township Schools will not honor phone calls to change my child's dismissal procedure as we have no verification of with whom we are speaking. Changes must be provided in writing at least a day in advance of any change being enacted.

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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