



Dr. Laura P. Feijóo
Superintendent of Schools

City School District of New Rochelle
515 North Avenue
New Rochelle, NY 10801

DISMISSAL AND CONTACT FORM

Date: _____

Please Print

STUDENT'S NAME

DATE OF BIRTH

HOME ADDRESS

CITY/ST/ZIPCODE

Emergency Early Dismissal

In the event of an early dismissal due to an emergency (weather, etc.) please indicate how your child should go home.

Please check ALL boxes that apply:

- Contact by phone any of the adults listed below in case of emergency
- My child who normally walks has my permission to walk home
- My child who normally is bused has my permission to be bused home
- My child may be dismissed to any one of the adults listed below
- My child may not be dismissed to anyone

All students dismissed to an adult must be met and signed out at the Principal's office.

	Name	Home Number	Work Number	Cell Number
Parent/Guardian #1				
Parent/Guardian #2				
Adult #1				
Adult #2				

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Regular Dismissal

At regular dismissal, my child will:

Walk Home

Be picked-up

Persons Authorized to pick-up my child

1. _____
2. _____
3. _____
4. _____