

*Packanack Elementary School*

190 Oakwood Drive Wayne, New Jersey 07470  
Roger R. Rogalin, Principal

Phone: (973) 633-3170 Fax: (973) 872-1215  
Dr. Mark Toback, Superintendent

**2016-2017 ~ Elementary Parent Permission Dismissal Slip**

Dear Parent/Guardian:

Kindly indicate the procedures you would like our school to follow regarding the dismissal of your child. Please list your child's name, grade, and class below:

\_\_\_\_\_ Student's Name (PRINT)                      \_\_\_\_\_ Grade                      \_\_\_\_\_ Teacher

***Check the dismissal option that applies for the child that you have listed above and return it to your child's teacher on the first day of school - September 6<sup>th</sup>.***

\_\_\_\_\_ I /designee will pick up my child at the designated dismissal door.

Designee Name (PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_ Age (if sibling) \_\_\_\_ Phone \_\_\_\_\_

Designee Name (PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_ Age (if sibling) \_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ My child is permitted to leave school building at dismissal unaccompanied.  
(e.g. walk home and walk to my car that is parked)

\_\_\_\_\_ My child attends Extended/After Care – Monday through Friday

\_\_\_\_\_ My child attends Extended/After Care **only on the days circled below:**  
(please circle: Mon – Tues – Wed – Thurs – Fri )

If your child only attends the days selected above, please check an additional option for days not attending.

\_\_\_\_\_ My child takes the bus (e.g. Board of Ed, Boys & Girls Club)

**Please list the names of any other brothers/sisters in this school:**

(1) \_\_\_\_\_  
Student's Name (PRINT)                      Grade                      Teacher

(2) \_\_\_\_\_  
Student's Name (PRINT)                      Grade                      Teacher

(3) \_\_\_\_\_  
Student's Name (PRINT)                      Grade                      Teacher

 ***I have read the enclosed "Dismissal Information" sheet (please print & sign below)***

\_\_\_\_\_ Parent/Guardian's Name (PRINT)                      \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Signature of Parent/Guardian (PRINT)                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date