HCCS
Holy Cross Catholic School

Dismissal Instructions

Please return this form to the office by the first day of school

Parent Name/Guardian: _____

My child(ren)_____, is a car rider.

Listed below are names of 3 people who have my permission to pick up my child(ren).

1) _____ _____
Name Phone Number

2) _____ _____
Name Phone Number

3) _____ _____
Name Phone Number

_____ is a bus rider and will ride bus #_____

to _____ after school.
(Address of Destination)

_____ will walk to
_____ after school.
(Address of Destination

If the procedure for dismissal is different on a given day, I will send a dated, handwritten note with my child for the office.

_____ _____
Parent/Guardian Signature Date