



After School Dismissal Form

(Fill out this form for regularly scheduled pick-ups ONLY)

Please complete and return if the details below have changed from the previous year.

Yes **Go to Section A (Yes changes made)**

No **Go to Section B (No changes made)**

SECTION A

Child's Name: _____ Class: _____

The following person/s have permission to pick-up my child from school on a regular basis:

NAME

DAYS OF WEEK FOR PICK-UP *(please circle)*

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| <input type="checkbox"/> Parent/Caregiver (1) _____ | Mon | Tue | Wed | Thu | Fri |
| <input type="checkbox"/> Parent/Caregiver (2) _____ | Mon | Tue | Wed | Thu | Fri |
| <input type="checkbox"/> Sibling (High School) _____ | Mon | Tue | Wed | Thu | Fri |
| <input type="checkbox"/> Afterschool Care _____ | Mon | Tue | Wed | Thu | Fri |

(Carers must complete a separate registration form from the school office)

<input type="checkbox"/> Other _____	Mon	Tue	Wed	Thu	Fri
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Please specify relationship. For example: (Grandparent/Uncle/Aunt/etc)

<input type="checkbox"/> Bus Company _____	Mon	Tue	Wed	Thu	Fri
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I understand this form gives permission to the above-named individual/s to pick-up my child on the stated days only. If this schedule changes I must notify the office in writing. I understand that if I need someone other than the above-named individual to pick-up my child, a separate note should be provided to the office.



ST HURMIZD ASSYRIAN PRIMARY SCHOOL

7-9 Greenfield Rd
GREENFIELD PARK NSW 2176
Phone: 97534185 Fax: 9753 4192

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Please Note:

Parents/guardians are to pick up their child from their classroom. This will ensure the safety of all students. Gates will be opened at 3.10pm. Supervision will not be provided past 3.40pm. Parents/guardians who are not able to pick up their child on time need to contact the school office.

SECTION B

Parent/Guardians Phone Number

Home: _____

Work: _____

Mobile: _____

Signature: _____

Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CLASSROOM TEACHER