

HANOVER TOWNSHIP PUBLIC SCHOOLS

REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL
FOR PUPILS IN GRADES PRE-K-8

Parent/Legal Guardian Name _____

Phone#:(H) _____ (W) _____ (C) _____

Child's Name _____ Teacher's Name _____

Child's Name _____ Teacher's Name _____

Child's Name _____ Teacher's Name _____

Please select one option below which will remain in effect for the entire school year and will apply to all school dismissal situations (i.e. regular, early and emergency dismissals as well as dismissal from all after school activities, clubs and sports). Any changes to this form must be made in writing to the school.

Option #1 (This option is only for students who are eligible for transportation.)

_____ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. My child/children is/are eligible for district provided transportation and is/are **not permitted** to walk home from school.
(If Option #1 is selected, just sign, date and return the form to the school.)

Option #2

_____ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. My child/children will either be driven home by an adult or has/have my permission to walk home at dismissal which includes any emergency school closing days, early school closings, as well as dismissal from all after school activities, clubs and sports.
(If Option #2 is selected, just sign, date and return the form to the school.)

Option #3

_____ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. As a result, I am requesting my child/children listed above **not be permitted** to walk home from school at dismissal **unless accompanied** by a parent or designated escort.
(If Option #3 is selected, please complete the other side of this form then sign, date and return the form to the school.)

Option #3 (continued)

The following persons are designated to pick-up my child/children after school dismissal in accordance with the terms of Board Policy #8601.

Parent/Legal Guardian: _____

Escorts: _____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

_____ Phone # (H) _____ (C) _____

Furthermore, I understand my obligations in authorizing the school to maintain supervision of my child/children after school dismissal including but not limited to:

- I and/or my designated escort may not be able to enter the school building until a time designated by the Principal or program administrator, which may be after other children are dismissed from school.
- I and/or my designated escort will enter the school building and go directly to the location in the building the Principal or program administrator designates to pick-up my child/children.
- My designated escort or I will leave the school building promptly upon picking-up the child/children.
- I understand this request shall be for every school day, including half-session and early closing days due to emergencies, and shall apply for the duration of time designated in Board Policy #8601.
- I acknowledge a parent or designated escort is provided permission to enter the school building for the purpose to pick-up their child/children. My designated escort or I agree to pick-up my child/children in accordance with the timelines established by the Principal or program administrator or the parent may be subject to after-school program fees.

Parent/Guardian Signature: _____ **Date:** _____

Please return the completed/signed form to your child's school as soon as possible.