COMPLETE AND RETURN
THE FIRST DAY OF SCHOOL

Union County T.E.A.M.S. Charter School and High School/College Leadership Academy 515-517 West Fourth Street, Plainfield, NJ 07060 \* PHONE: 908-754-9043 \* FAX: 908-754-9053 \* WEBSITE: www.ucteams.org

## 20\_\_\_ - 20\_\_ DISMISSAL DOCUMENT

The safety of our children is critical. Therefore, as part of the school's safety and security plan parents/guardians are required to provide school personnel with information pertaining to pick up instructions (for their children) during dismissal. Please check the appropriate items and/or identify the person(s) authorized by you to receive your child(ren) at the end of the school day.

Please complete the requested information below, sign on the signature line and return this document to your child's teacher no later than the first day of school.

Child's Name	Grade	Chi	ild's Name	Grade
My child(ren) is/are permitted	to walk hom	e after school.		
My child(ren) is permitted to v				after school.
My child(ren) takes the school	bus home.			
My child(ren) takes an after sc	hool progran	n bus to the		
dividuals granted permission to pick	up my child(	ren) at dismissa	al are:	
Name	Re	lationship	Telephone Number	
Parent/Guardian Signature			Date	

"We Are Community Builders...Aiming High, Achieving Greatness and Blue Ribbon Bound"