



**SWEDESBORO-WOOLWICH SCHOOL DISTRICT  
MARGARET CLIFFORD SCHOOL ONLY**  
DISMISSAL PROCEDURE FOR YOUR CHILD AT THE END OF THE SCHOOL DAY

Office Use
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Student: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

- In an effort to help us ensure the safety of the students in our school district, please provide us with your child's specific dismissal instructions. A form must be completed for each child in your family. **PLEASE SIGN AND DATE THIS FORM AND RETURN IT AT THE OPEN HOUSE.**
- We consider the normal procedure to be as indicated below. On any day that your child will be veering from the normal procedure, you will need to complete a *Swedesboro Woolwich Daily Communication Form*. That form should be used when informing your child's teacher of ANY procedural changes. Copies of the *Daily Communication Form* are available in the school's main office and on the district website. Please indicate on the *Daily Communication Form* if the change is just for that day or if it will be a permanent change. This procedure helps to ensure the safety of your child and your cooperation is greatly appreciated.
- In the case of an emergency, and you are unable to fill out a *Daily Communication Form*, please call the school directly. **DO NOT LEAVE A MESSAGE ON THE SCHOOL'S ANSWERING MACHINE.** Please make sure that you talk to someone at the school by calling 856-241-1552 ext. 3000.

PARENTS/GUARDIANS - Eligible to Pick Up Your Child for Dismissal

Name	Relationship	Contact Phone Number
_____	_____	_____
_____	_____	_____

PERSON(S) - OTHER THAN PARENT - Eligible to Pick Up Your Child for Dismissal

Relationship	Contact Phone Number
_____	_____
_____	_____

EMERGENCY CONTACT(S)

Name	Relationship	Contact Phone Number
_____	_____	_____
_____	_____	_____

<p><b><u>PLEASE NOTE</u></b></p> <p>Any person signing a child out for dismissal <b>MUST</b> provide identification to the main office.</p>
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PLEASE COMPLETE YOUR CHILD'S DISMISSAL PROCEDURE(S)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Comments
BUS # _____						
Non Transport						
Parent Transport (Eligible for Bus)						
Amazing Place						
COMET CARE						
Goddard						
Kinder Care						
Watch Me Learn						
Other						

Parent/Guardian (Signature): \_\_\_\_\_ Date \_\_\_\_\_