Request for Supervision at Dismissal From School
For Pupils in Grades PreK to 6th
Roosevelt Public School

Parent/Legal Guardian Name _____

Phone Numbers: _____, _____, _____
Home Work
Cell

Child's Name/Grade _____ Teacher _____

Child's Name/Grade _____ Teacher _____

Child's Name/Grade _____ Teacher _____

In accordance with Board of Education Policy, I am requesting my child(ren) listed above not be permitted to walk home from school alone unless escorted by a parent or an escort. Therefore, I am requesting the school only release my child(ren) listed above to a parent/legal guardian or the escorts I designate. I acknowledge I have received and reviewed Board Policy 8601 and understand my obligations in authorizing the school district to maintain supervision of my child(ren) after school dismissal including, but not limited to:

1. 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.

2. 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(ren). I or my designated escort will leave the school building promptly upon picking-up the child(ren).

3. 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.

4. I acknowledge a parent or designated escort is provided permission to enter the school building for the purpose to pick-up their child(ren). I or my designated escort agree to pick-up my child(ren) in accordance with the timelines established by the Principal or program administrator or the parent may be subject to after-school program fees.

The following persons are designated to pick up my child(ren) after school dismissal in accordance with the terms of Board Policy 8601:

Parent/Legal Guardian: _____ _____

Escorts: _____ _____ _____

Parent/Legal Guardian Signature: _____ Date: _____