



Olga Hugelmeyer, Ed.D.
Superintendent of Schools

Howard Teitelbaum
Principal

Dr. Orlando Edreira Academy, School No. 26
DISMISSAL PERMISSION SLIP

Student Name: _____ I.D. # _____ Room # _____

I give permission for dismissal as **initialed** below (Check one item):

_____ I request that my child be allowed to **exit the school for a waiting parent, or walk home** from school on their own.

_____ I request my child to be bused home and be **dismissed at the bus stop to walk home on their own.**

_____ I request that my child be bused home and be **released at their bus stop only to the following people (listed below)**. I understand that if there is no one at the bus stop, my child will be brought back to the school for me to pick up. Furthermore, I understand that it is my responsibility to notify the school, if there are any changes to the list below.

_____ I request that my child be held **inside** the school until one of the persons below picks them up at the front office. Furthermore, I understand that it is my responsibility to notify the school, if there are any changes to the list below.

Name: _____
Telephone #'s: _____
Relation to the child: _____

Name: _____
Telephone #'s: _____
Relation to the child: _____

Name: _____
Telephone #'s: _____
Relation to the child: _____

Requests made to change dismissal must be in writing. Temporary (one day only) changes might not be honored if received after 2:45.

PARENT SIGNATURE: _____ **DATE:** _____

Dr. Orlando Edreira Academy School #26