

# CARROLLWOOD ELEMENTARY DISMISSAL FORM

**\*IMPORTANT\*** Please complete and give to your child's teacher at *Meet the Teacher* or on the first day of school. Parents of bus riders must complete both sections.

Student Name: \_\_\_\_\_ Student # \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Alerts/Allergies: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**My child will go home:**

\_\_\_\_\_ Orange Grove (cafeteria) Car rider – Kindergarten, First, Second Graders and older siblings.  
(Driver must remain in the car with Hang Tag posted)

\_\_\_\_\_ McFarland Rd. (front bus loop) Car rider – Third, Fourth, and Fifth Graders (Driver must remain in the car with Hang Tag posted) \*Cars may not enter loop until 2:00 pm (1:00pm Mondays) after school buses have exited the loop.

\_\_\_\_\_ Walkers (South/Valencia Gate)/Neighborhood students only (address above will be verified)

\_\_\_\_\_ Walkers (North & East Orange Gr. & McFarland Rd. @ the Carrollwood Sign)/Neighborhood students only (address above will be verified)

\_\_\_\_\_ YMCA Latchkey (on campus)

\_\_\_\_\_ \*Approved Daycare Vans (off campus daycares) Daycare name/Driver name/Daycare phone: \_\_\_\_\_

\_\_\_\_\_  
\*Parent must arrange daycare pick-up with daycares directly. Daycare van pick must pick-up by 1:55 each day and 12:55 on Mondays.

\_\_\_\_\_ School Bus# \_\_\_\_\_

Bus Color Code: \_\_\_\_\_ \* (Check this year's bus routes) Bus stop # \_\_\_\_\_

\*Posted on <http://www.sdhc.k12.fl.us>

Bus Stop Intersection: \_\_\_\_\_ and \_\_\_\_\_

Bus Driver: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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**CARROLLWOOD ELEMENTARY BUS TICKET**

Parents: For the safety of our students, please cut out this ticket and attach it to your child's clothing with a safety pin or create a bus bracelet with tape for the first day of school.

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**CARROLLWOOD ELEMENTARY SCHOOL BUS TICKET/BRACELET**

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone#: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Bus #: \_\_\_\_\_ Bus Color Code: \_\_\_\_\_ Bus Driver Name: \_\_\_\_\_

PM Bus Stop # \_\_\_\_\_