Walker/Pick-Up Form  
2013-14

Effective Date

Student(s) Name               Teacher/Grade

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Person(s) picking student up:

Monday

Tuesday

Wednesday

Thursday

Friday

☐ Please check box if your child will be dismissed daily as a WALKER.

Please be sure to **read and sign** the reverse side.
DISMISSAL

Dismissal is a very busy time of the day, especially for the office. If an emergency arises that requires you to change your child’s dismissal plans, please notify the office not later than 1 pm, by emailing Brenda Evans at bevans@watervillecsd.org, or faxing to (315) 841-3718. If you call after 1 pm, we cannot guarantee that we will be able to honor your request.

If you plan to pick up your child instead of having them ride the bus, a note MUST be sent in with your child on that morning. Thank you for your cooperation.

PICK UP PROCEDURES AT DISMISSAL (2:20 pm)

Everyone picking up a child is to park in the parking lot to the right of the school, near the Bus Garage. All students are to be picked up in the library, via the library door, located behind the large evergreen tree. Parents and students are to exit the building through that same door. Prior to taking your child, you must sign him/her out. These procedures have been put in place for the safety of our children.

If you have a prearranged meeting with your child’s teacher, you must exit the building, via the library door, and reenter through the front office door. We ask that your wait until ALL of the busses have left the front circle before reentering the building. Thank you!

All walkers will be dismissed from the cafeteria after all buses have departed.

Thank you for your cooperation in following these important procedures.

Sincerely,

Maureen Gray
Principal

Parent/Guardian’s signature ___________________________ Date ______________

PLEASE MAIL/FAX/EMAIL COMPLETED APPLICATION TO:
Memorial Park Elementary School
Attn: BRENDA EVANS
145 E. Bacon Street • Waterville, NY 13480
Fax (315) 841-3718 • bevans@watervillecsd.org