



HOPE VALLEY ELEMENTARY SCHOOL STUDENT DISMISSAL/PICK-UP NOTE

Additional forms available in the main office and on our school webpage at <https://hopevalleychariho.k12.ri.us/>.

Date: _____ Student Name: _____ Grade/Teacher: _____

PARENT PICK-UP at 3:20 PM by: _____

BRING PROPER ID WHEN SIGNING OUT A STUDENT. (Only those on the Emergency Consent form may sign out your child.)

<input type="radio"/> At Dismissal (3:20PM)	<input type="radio"/> _____ AM/PM
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-OR-

<input type="radio"/> MONDAY	<input type="radio"/> TUESDAY	WEDNESDAY	<input type="radio"/> THURSDAY	<input type="radio"/> FRIDAY
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EARLY DISMISSAL at _____ (AM/PM) by: _____

BRING PROPER ID WHEN SIGNING OUT A STUDENT. (Only those on the Emergency Consent form may sign out your child.)

CONTACT INFORMATION

Parent/Guardian	Phone Number	Email

Parent Signature: _____

PARENT PHONE CALLS FOR STUDENT DISMISSAL WILL NOT BE HONORED UNLESS IN AN EMERGENCY SITUATION.

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