

Do not mail this form to school, please return with your child on the first day of school. Your child's teacher will be collecting this information.

WEST ELEMENTARY SCHOOL
58 BEACON STREET
ANDOVER, MA 01810
Telephone: (978) 247-5300
Fax: (978) 247-5390

DISMISSAL INFORMATION
2018-2019 SCHOOL YEAR

STUDENT: _____ GRADE: _____ TEACHER: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Please fill in the dismissal information (walker-Beacon Street towards Andover Country Club Lane, walker-Beacon Street towards Route 133, walker-High Plain Road, Carpool, YMCA, SHED, Kid's Club, West After School Program or school assigned bus *please include bus number*). Students can only ride the bus to which they are assigned to.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

*****ANY CHANGES TO THIS SCHEDULE MUST BE MADE IN WRITING TO YOUR CHILD'S TEACHER (*EMAILS NOT ACCEPTED*). *****

This form **MUST** be returned on the first day of school with your child to your child's teacher. One form per child please.

PARENT/GUARDIAN SIGNATURE: _____