



# ST. PETER SCHOOL

120 Mayfair Road • Warwick, Rhode Island 02888  
(401) 781-9242 • stpeterschoolri.com

To: Parents of Students in Grades K-Grade 5,

In order to facilitate dismissal on the first day of school, please fill out the form below and send it to school with your child/children on August 31, 2011. If you have more than one child, please copy this form so that each teacher has one on the first day of school.

Thank you for your cooperation.

Joan Sickinger

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**RETURN THE PORTION BELOW TO SCHOOL ON 8/31/11**

CHILD'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

**ON WEDNESDAY, AUGUST 31<sup>ST</sup>**

MY CHILD WILL: \_\_\_\_\_ TAKE THE BUS (# if you know it).

\_\_\_\_\_ BE DISMISSED WITH CAR RIDERS.

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**MOST DAYS MY CHILD WILL: \_\_\_\_\_ TAKE THE BUS**

\_\_\_\_\_ BE A CAR RIDER (PICKED UP)

\_\_\_\_\_ ATTEND EXTENDED DAY

- I UNDERSTAND THAT IF MY CHILD WILL BE GOING HOME DIFFERENTLY THAN INDICATED ON THIS FORM I WILL SEND A NOTE TO THE TEACHER.
- IF I AM DELAYED AND MY CHILD MUST ATTEND EXTENDED DAY I WILL CALL THE SCHOOL.
- IF I AM DELAYED AND I DO NOT CALL THE SCHOOL MY CHILD WILL BE SENT TO THE EXTENDED DAY ROOM AND I WILL BE BILLED THE APPROPRIATE FEE.

**AUGUST 31, 2011**

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

\_\_\_\_\_  
DATE

Please  
**SIGN**  
and  
**RETURN**

Homeroom teacher, please keep this form on file in your classroom.  
Please put a copy of this form in your "substitute" folder.