



West-Mont Christian Academy

Elementary Building Staff

873 South Hanover Street • Pottstown, Pennsylvania 19465

elementary@west-mont.org 610-326-7690

Student Dismissal Information

School Year 2018-2019

STUDENT(S) NAME(S) _____

Please list your elementary student(s) normal mode of dismissal for each school day.

Please choose one (Pick Up, Bus, or Extended Care) for each day.

If your student is Pick-Up, please list all the persons who may consistently pick up your child.

Day of the Week	Pick-up by Whom	Bus # & School District	Extended Care
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I give permission for the individuals listed below to pick-up my child/children should the need arise. I will notify these individuals that they need to have picture identification with them and that they will need to provide a signature in order for my child/children to be released to them.

Name _____

Relationship to Student _____

Parent /Guardian Signature: _____ DATE: _____

Changes can only be made by a parent or guardian by note, e-mail, or phone call to the Elementary Administrative Secretary.