

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  
2021-2022 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, West Kid Care, YMCA, SHED, Kid's Club, 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: \_\_\_\_\_