

Subdivision \_\_\_\_\_

For Office Use Only:  
Parking Lot Section: \_\_\_\_\_

Family Name \_\_\_\_\_

Parking Lot Row: \_\_\_\_\_

**St. Vincent de Paul Catholic Elementary School**  
**DISMISSAL FORM 2010-2011**

CHILD'S NAME(S): \_\_\_\_\_ GRADE(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Please check the appropriate area pertaining to your child(ren)'s daily dismissal schedule. **This form must be returned by February 19, 2010.**

	Carpool	Myself	Day Care Van	After School Care	Walker to the East	Walker to the West
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Complete the following ONLY if they apply:  
Please identify your Day Care Van (facility): \_\_\_\_\_

Please identify carpool families (p.m. only): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When leaving the parking lot which direction will you travel?

\_\_\_\_\_ East \_\_\_\_\_ West