

WILLIAM E. COTTLE SCHOOL
EARLY DISMISSAL STUDENT INFORMATION FORM
(ONE form per household) PLEASE PRINT LEGIBLY

DATE: _____

1. FAMILY LAST NAME: _____
(Child Last Name)

HOME PHONE #: _____

ADDRESS: _____

2. CHILD(ren) ENROLLED IN SCHOOL:

NAME: _____

TEACHER: _____

GRADE: _____

NAME: _____

TEACHER: _____

GRADE: _____

NAME: _____

TEACHER: _____

GRADE: _____

3. _____
Father's full name
(if different from children)

_____ Phone #

_____ Business # & Ext.

_____ Beeper #
Cell# _____

4. _____
Mother's full name
(if different from children)

_____ Phone #

_____ Business # & Ext.

_____ Beeper #
Cell # _____

NO CHILD WILL BE DISMISSED EARLY WITHOUT PROPER ADULT SUPERVISION

5. EMERGENCY CONTACTS:

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

3. _____ Relationship: _____ Phone #: _____

PLEASE RETURN THIS FORM TO MRS. LINN BY September 9, 2011