



Academy of St. Adalbert

56 Adalbert Street * Berea * Ohio * 44017 * 440-234-5529

DISMISSAL PROCEDURE

To ensure student safety, it is necessary to confirm dismissal arrangements. If your dismissal arrangements will vary from week to week, you may make additional copies of this form for weekly submittal.

Student(s): _____ Grade(s): _____

These arrangements are for the:

Week of : _____ Entire school year

	Bus	After Care	Car Rider <small>(specify driver if other than parent)</small>	Child Care Van <small>(name establishment)</small>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Parent Signature: _____ Date: _____



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