

**EAST GREENWICH TOWNSHIP SCHOOLS
DISMISSAL PROCEDURE & PUPIL DATA/EMERGENCY FORM**

JEFFREY CLARK SCHOOL _____

SAMUEL MICKLE SCHOOL _____

Student's Full Name: _____ Grade: _____

Teacher: _____

Names of Parents/Guardians (with whom your child resides): _____

*Complete the information below. Please **check box** if your information did **not change** from last year.

Parent Name	Address	Home Phone	Cell Phone	Work Phone	No Change
Mother:					<input type="checkbox"/>
Father:	<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above			<input type="checkbox"/>

Family E-Mail: _____

To help ensure the safety of our students, please carefully review the information below and provide us with your child's specific dismissal instructions.

	Monday	Tuesday	Wednesday	Thursday	Friday
BUS# _____					
Toddler and Tots Bus					
Non-Transported*					
Parent Pick-Up**					
Beyond the Bell					

*Non-Transported: Students not eligible for bus transportation due to the proximity of their home to school.

** Please bring your identification when you are signing your child out of school.

- To **temporarily** change your normal dismissal procedure, you must complete a "Change to Dismissal" form and send it to school with your child each time your normal dismissal procedure changes. .
- For an emergency, please call the main office directly no later than 1:00 p.m. (11:00 a.m. for an early dismissal day). Do not leave a message on the school's answering machine, speak to a receptionist directly. Please do not call or e-mail the teacher.

Persons Eligible to Pick Up Your Child at the End of the School Day:

Name	Relationship	Contact Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can the people listed above be contacted in the event of a medical emergency and you are not able to be reached?

YES _____ **NO** _____

The Parent Handbook is available on our district website. Your signature below will indicate you are aware of where to find this important parental information.

Parent/Guardian Signature

Information on Harassment, Intimidation and Bullying (HIB) is available on our district website. Your signature below will indicate you are aware of where to find this important parental information.

Parent/Guardian Signature

If you or one of the emergency contacts are unable to be contacted in the case of an emergency, do you authorize school personnel to take whatever action they deem necessary? **YES** _____ **NO** _____

If NO, please provide further directions below: Costs of medical services are parents' responsibility.

Is your child currently enrolled in any health insurance plan, including NJ Family Care/Medicaid, Medicare, private insurance or another plan?

YES _____ my child has health insurance.

If **yes**, please list the name of the insurance company _____

NO _____ my child does not have health insurance.

If **no**, can we release your name and address to the NJ Family Care Program to contact you about health insurance?

YES _____ **NO** _____

Please check the following regarding the military status of either of your child's parents:

Active Duty _____ National Guard/Reserve _____ Not Military Connected _____

Please list brothers and sisters who attend school:

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Please remember it is important to notify the school office and to update the Realtime Parent Portal with ANY changes in your contact information throughout the school year. This includes home, cell and work telephone numbers, email addresses and any changes in emergency contacts and their contact information.

Parent/Guardian Signature _____ **Date:** _____

Please have your child return this form to their homeroom teacher on the first day of school. Thank you!