



# SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530  
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Mr. Christopher Siegfried  
*Principal*

Rev. Michael Moon  
*Pastor*

## DISMISSAL REQUEST FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

***I choose the following option for my child's dismissal:***

- Bus Student on Bus # \_\_\_\_\_ (give route #)
- Car student Grades K – 3<sup>rd</sup> \_\_\_\_\_ (pick up in schoolyard)
- Car student Grades 4<sup>th</sup> – 8<sup>th</sup> with sibling \_\_\_\_\_ (pick up in schoolyard)
- Grades 4<sup>th</sup> – 8<sup>th</sup> with no sibling \_\_\_\_\_ (corners of Wilson and Lawton pick up)
- Central Avenue exit \_\_\_\_\_ (students with Pre-K siblings or who WALK home via Central Ave.)
- After School \_\_\_\_\_
- Independent Walker \_\_\_\_\_ (with parental permission not attached)
- Public transportation \_\_\_\_\_ (with parental permission not attached)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please return this form to the main office by September 7, 2017.\***