CARROLLWOOD K-8 DISMISSAL FORM

***IMPORTANT* Please complete and give to your child's teacher at *Meet the Teacher* or on the first day of school. Parents of bus riders must complete both sections.**

Student Name: _______________________ Student #____________Teacher Name: _______________

Date of Birth: ______________ Medical Alerts/Allergies: _____________________________________

Parent(s) Name: ____

Address: ____

Home Phone #: __________________ Work#: ________________ Cell#: _____________________

Emergency Contact 1: _____________________________________ Phone: ____________________

Emergency Contact 2: _____________________________________ Phone: ____________________

<u>My child will go home:</u>

______Orange Grove (cafeteria) Car rider – Kindergarten, First, Second, Third Grade and older siblings.
(Driver must remain in the car with Hang Tag posted)

______McFarland Rd. (front bus loop) Car rider – Fourth through Eighth Grade plus PreK
(Driver must remain in the car with Hang Tag posted) *Cars may not enter loop until 2:20 pm (1:20pm Mondays) after school buses have exited the loop. No left-hand turns will be allowed when exiting campus

______Walkers (South/Valencia Gate)/Neighborhood students only (address above will be verified)

______Walkers (North & East Orange Gr. & McFarland Rd. @ the Carrollwood Sign)/Neighborhood students only (address above will be verified)

______YMCA Latchkey (on campus)

______*Approved Daycare Vans (off campus daycares) Daycare name/Driver name/Daycare phone:

____

***Parents must arrange daycare pick-up with daycares directly. Daycare van must pick-up by 2:10 each day and 1:10 on Mondays.**

______ School Bus#_______

Bus Color Code: __________ *(Check this year's bus routes) Bus stop #___________

***Posted on http://www.hcps.net**

Bus Stop Intersection: _______________________and___________________________

Bus Driver: _______________________________

PARENT SIGNATURE__________________________________Date__________________________

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<u>CARROLLWOOD K-8 BUS TICKET</u>

Parents: For the safety of our students, please cut out this ticket and attach it to your child's clothing with a safety pin or create a bus bracelet with tape for the first day of school.

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CARROLLWOOD K-8 SCHOOL BUS TICKET/BRACELET

Student Name: ________________________________Teacher Name: ___________________________

Address: ____

Date of Birth: _________________________________

Phone#: Home: ________________ Cell: _______________ Other: _____________________________

Bus #: _________ Bus Color Code: _________ Bus Driver Name: _______________________________

PM Bus Stop #____

07/10/24