

Do not mail this form to school,  
please return with your child on the  
first day of school. Your child's  
teacher will be collecting this  
information.

WEST ELEMENTARY SCHOOL  
58 BEACON STREET  
ANDOVER, MA 01810  
Telephone: (978)623-8800  
Fax: (978)623-8802

DISMISSAL INFORMATION  
2016-2017 SCHOOL YEAR

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please fill in the dismissal information (walker-Beacon Street towards Andover Country Club Lane, walker Beacon Street towards Route 133, walker High Plain Road, Carpool, YMCA, SHED, Kid's Club, or school assigned bus *please include bus number*). Students can only ride the bus to which they are assigned to.

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

\*\*\*\*\*ANY CHANGES TO THIS SCHEDULE MUST BE MADE IN WRITING TO YOUR  
CHILD'S TEACHER. (EMAILS NOT ACCEPTED).\*\*\*\*\*

This form **MUST** be returned on the first day of school with your child to your  
child's teacher. One form per child please.

PARENT SIGNATURE: \_\_\_\_\_