



Elizabeth Greene Roos
Principal

Margo Spinale
Assistant Principal

WHO IS MINDING YOUR CHILD WHILE YOU'RE AWAY

Student Name: _____ Grade: _____

I/We will be out of town from _____ to _____

I/We may be contacted at _____

My child/children will be in the care of _____

Will this person have medical authorization for your child? _____

Address and phone number (if different from home)

Will there be any change in transportation? Yes _____ No _____

If yes, please notify the school office. **Reminder: Students are only allowed to ride the bus they were assigned to.**

If we are unable to reach the above individual, please contact:

Name _____ Phone _____

Name: _____ Phone _____

Parent/Guardian signature _____ Date _____

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