

Whispering Pines Seventh Day Adventist School
STUDENT DISMISSAL MANAGEMENT FORM, 2024-2025



We are committed to the safety of your child during pick-up time and afterschool hours. Please complete the form below. Any changes must be submitted to the Main Office as early as possible (see the *Student Handbook* for further details). Thank you for your cooperation!



STUDENT INFORMATION:

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother: _____

Phone Number: _____ This is a (check one) cell # ___ home # ___

Father: _____

Phone Number: _____ This is a (check one) cell # ___ home # ___

Guardian: _____

Phone Number: _____ This is a (check one) cell # ___ home # ___

Unless otherwise duly specified, after dismissal my child will:

go on the bus _____ be picked up _____ attend aftercare _____

In addition to parents/guardian listed above, persons authorized to pick up my child include:

1. _____ Phone: _____

How is this person related to the child? _____

2. _____ Phone: _____

How is this person related to the child? _____

**Please be advised that the person designated to pick up your child(ren) may be asked to show ID.*