



**AVALON STONE HARBOR
SCHOOLS**

Stacey LaRocca Tracy
Chief School Administrator

Renee Murtaugh
Supervisor of Curriculum & Instruction

Linda Fiori
Business Administrator

**Request for Supervision at Dismissal From School in an Emergency
For Pupils in Pre K and Grades 5 to 8**

Parent/Legal Guardian Name _____

Phone Numbers: _____, _____, _____
(Home) (Work) (Cell)

Child's Name/Grade _____ Teacher's Name _____

Child's Name/Grade _____ Teacher's Name _____

Child's Name/Grade _____ Teacher's Name _____

In accordance with Board of Education Policy, I am requesting my child(ren) listed above not be permitted to walk home from school alone unless escorted by a parent or an escort. Therefore, I am requesting the school only release my child(ren) listed above to apparent or guardian or the escorts I designate. I acknowledge I have received and reviewed Board Policy 5142 and understand my obligations in authorizing the school district to maintain supervision of my child(ren) after school dismissal including, but not limited to:

1. I and/or my designated escort may not be able to enter the school building until a time designated by the Principal or program administrator, which may be after other children are dismissed from school.
2. I and/or my designated escort will enter the school building and go directly to the location in the building the Principal or program administrator designates to pick-up my child(ren). I or my designated escort will leave the school building promptly upon picking-up the child(ren).
3. I understand this Request shall be for every school day, including half-session and early dismissal closing days due to emergencies, and shall apply for the duration of time designated in Board Policy 5142.
4. I acknowledge a parent or designated escort is provided permission to enter the school building for the purpose to pick-up their child(ren). I or my designated escort agree to pick-up my child(ren) in accordance with the timelines established by the Principal or program administrator.

The following persons are designated to pick-up my child(ren) after school dismissal in accordance with the terms of Avalon School Board Policy.

Parent/Legal Guardian _____ Date: _____

Escorts: _____

Grade K-4
Grades 5-8

275 93rd Street Stone Harbor, NJ 08247
235 32nd Street Avalon NJ, 08202

P: 609-368-4413 F: 609-368-6545
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