



SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530

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WWW.SHSHARTSDALE.ORG

Mr. Christopher Siegfried
Principal

Rev. Michael Moon
Pastor

DISMISSAL REQUEST FORM

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I choose the following option for my child's dismissal:

- Bus Student on Bus # _____ (give route #)
- Car student Grades K – 3rd _____ (pick up in schoolyard)
- Car student Grades 4th – 8th with sibling _____ (pick up in schoolyard)
- Grades 4th – 8th with no sibling _____ (corners of Wilson and Lawton pick up)
- Central Avenue exit _____ (students with Pre-K siblings or who WALK home via Central Ave.)
- After School _____
- Independent Walker _____ (with parental permission not attached)
- Public transportation _____ (with parental permission not attached)

Parent Signature _____ Date _____

Please return this form to the main office by September 7, 2017.