2023-2024 AFTER SCHOOL PLANS

Student's Name_____



Grade_____ Teacher_____

Please check the line and circle correct days that apply to your child's **permanent** after school plans for the 2023-2024 school year. If you have more than one child at Munson Elementary, please complete one form per child.

Riding bus #_____ home DAILY, or (circle applicable days) Monday, Tuesday, Wednesday, Thursday, Friday

Going to Topper Care (formerly known as Latchkey) DAILY, or (circle applicable days) Monday, Tuesday, Wednesday, Thursday, Friday

Picked up by ______ DAILY, or (circle applicable days) Monday, Tuesday, Wednesday, Thursday, Friday

Just 4 Kids daycare DAILY, or (circle applicable days) Monday, Tuesday, Wednesday, Thursday, Friday

If there is a change from the above schedule, I will send a completed form to school or will call the school <u>before 1:00 pm</u>. Permanent changes to the plan must be submitted in writing with an updated "After School Plans" form.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

2023-2024 MUNSON AFTER SCHOOL PLANS DAILY CHANGE REQUEST

Bus passes will be issued for the <u>emergency situations only</u> . Arrar			a school bus D
passes.			
Dismissal Change Date:			
Student's Name			
Grade Teacher			
		(reason)	
Car rider with			
(name/relationship)			
Topper Care (formerly)	known as Latchkey)		
Parent/Guardian Signature		Date	
Parent/Guardian Printed Nam	e		
		(CUT H	
2023-2024 MUNSON AFTI Bus passes will be issued for the emergency situations only. Arran passes. Dismissal Change Date:	following reason: <u>lack of sup</u> gements must be made throu	ervision at their residence in gh the administration for bus	SCHOOL BUS D
Student's Name			
Grade Te	acher		
Car rider with		(reason)	
(name/relationship)			
Topper Care (formerly)	known as Latchkey)		
Parent/Guardian Signature		Date	

Parent/Guardian Printed Name