

**Exhibit**

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REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL  
FOR PUPILS IN RIDGEDALE MIDDLE SCHOOL

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

Phone Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Home Work Cell

Please select A or B

A. I understand this Request shall be for every school day, including half-session and early closing days due to emergencies, and shall apply for the duration of the school year.

- I request that my child(ren) be permitted to return home from school without a parent or designated escort.
- My child rides the bus.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

B. 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 a parent / legal guardian or the escorts I designate. I acknowledge I have received and reviewed Board Policy 5142.5 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 understand this Request shall be for every school day, including half-session and early closing days due to emergencies, and shall apply for the duration of the school year.

The following persons are designated to pick up by child(ren) after school dismissal:

Parent Legal Guardians: \_\_\_\_\_  
(please print)

Escorts: \_\_\_\_\_  
(please print)

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

PUPIL SUPERVISION AFTER SCHOOL DISMISSAL (continued)

REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL  
FOR PUPILS IN BROOKLAKE ELEMENTARY SCHOOL

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

Phone Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Home Work Cell

Please select A or B

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My child rides the bus.

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(please print)

Escorts: \_\_\_\_\_  
(please print)

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

PUPIL SUPERVISION AFTER SCHOOL DISMISSAL (continued)

REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL  
FOR PUPILS IN BRIARWOOD ELEMENTARY SCHOOL

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Parent / Legal Guardian Name \_\_\_\_\_

Phone Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Home Work Cell

Please select A or B

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I request that my child(ren) be permitted to return home from school without a parent or designated escort.

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(please print)

Escorts: \_\_\_\_\_  
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Parental Signature \_\_\_\_\_ Date \_\_\_\_\_