

Cranford Public Schools
132 Thomas Street
Cranford, NJ 07016

September, 2009

Dear Parent/Guardian:

Our top priority as educators in the Cranford School System working with your child(ren) has always been and will remain the safety and well being of each and every child. To this end, we kindly ask that you please complete the bottom portion of this letter in order for the school to gather information related to dismissal.

Cranford Board of Education Policy 5142 that references "arrangements for students requiring appropriate escort or designated transportation" can be viewed in its entirety by visiting the district website at <http://www.cranfordschools.org>. Please take some time to review the policy.

As noted in the policy, the parent/guardian is required notify the school in advance of any arrangements for students requiring appropriate escort or designated transportation. If you are requesting that an adult over the age of eighteen be present at dismissal for your child in grades 6-12, please check the appropriate box below and list the names of the individuals that you have designated. Please sign and print your name once complete.

Thank you for your anticipated cooperation and support to this matter. If you should have any questions, please contact the principal of your home school.

Please detach below and have your child return it to your child's homeroom teacher prior to Monday, September 14, 2009

Student Name: _____

Homeroom Teacher: _____ **HR #** _____

Grade Level (Please Circle): 6 7 8 9 10 11 12

School (Please Circle): HAS OAS CHS

I have read district policy 5142 and make no request for my child to have an adult escort at dismissal

Placing an X in this box is my agreement with the policy to grant permission for my child to be dismissed from school without being accompanied by an adult.

Placing an X in this box is my request for my child to be dismissed from school to an adult escort. The list of my designated adults is below.

List of Individuals over 18 or upper grade siblings that I grant permission to pick up my child:

Parent/Guardian Signature: _____ **Date** _____

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Printed Name of Signing Individual: _____