

**HOFFMAN BOSTON ELEMENTARY SCHOOL**  
**(703) 228-5845**

CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

TEACHER: \_\_\_\_\_

**DISMISSAL PLAN:**

BUS# \_\_\_\_\_ STOP \_\_\_\_\_

**(Circle one)**

EXTENDED DAY

WALKER/CAR RIDER PICK UP BY \_\_\_\_\_

OTHER \_\_\_\_\_

**NOTE: Please place this label on your child on  
the first and second day of school.**

