



Austin T. Levy School

135 Harrisville Main Street, Harrisville, RI 02830
568-1340 FAX - 568-1318



Please fill out and return to school no later than Monday, May 9th **whether or not your child is bringing a guest to school on May 27th**. Please check **ALL** boxes that apply. Thank you!

STUDENT NAME: _____ RM #: _____

PLANS FOR THE CELEBRATION:

- My child usually attends the morning session of preschool.
- My child usually attends the afternoon session of preschool, but **WILL** be coming to school in the morning on May 27th.
- My child usually attends the afternoon session of preschool, but will **NOT** be coming to school on May 27th.

BRUNCH PLANS:

- My child will **not** have a guest join him/her for brunch on 5/27/16.
- My child **will** have a guest join him/her for brunch on 5/27/16.

The guest's name is: _____

PLANS FOR THE REMAINDER OF THE DAY:

- My child **will be dismissed** by his/her guest.
- My child **will take the bus home**. (only for morning students who typically arrive and depart by bus)

Parent/Guardian Signature

Date