



# 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 9<sup>th</sup> **whether or not your child is bringing a guest to school on May 27<sup>th</sup>**. Please check **ALL** boxes that apply. Thank you!

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ RM #: \_\_\_\_\_

## 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 stay at school** for the remainder of the day after the brunch.

My child **has permission to be dismissed** at 11:15 a.m. after brunch.

The person dismissing my child will be:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date