



Traffic Safety Signature Page

Please **read** the Traffic Safety Procedures attached on the following pages.

Sign and **return** this page to your child’s teacher or the school office with the EMERGENCY cards.

I, _____ have read PDMSS’s Traffic Safety Procedures.
(Please print full name clearly)

I agree to drive responsibly and follow the Traffic Safety Procedures.

Student (s) name (s) _____

Signed _____ Date _____

Volunteer to Make Safety a Priority!

Become a safety monitor during drop-off (Mon – Fri from 7:55 – 8:15) and/or pick-up (Mon-Thurs from 2:40 to 3:00; Fri from 12:20 to 12:40).

YES, I am interested in helping kids to be safe during Pick- Up and/ or Drop Off

_____ I will help in the main parking lot on **Fernhill**

_____ I will help at the **Grayfox Gate**

_____ Mornings 7:55-8:15 Monday Tuesday Wednesday Thursday Friday (Please circle days you will be available)

_____ Afternoons 2:40- 3:00 Monday Tuesday Wednesday Thursday Friday (Please circle days you will be available)

Daytime phone number _____ Home phone number _____

Cell phone _____ E-mail _____

Traffic safety will succeed only if we abide by the rules and have parent volunteers to help.
Our school depends on us to volunteer as often as possible!
If you can open a car door, **YOU ARE QUALIFIED!**