

Dismissal Change Information

*** ALL CHANGES MUST BE RECEIVED BY 11:00am ***

Student's Name: _____
(First & Last)

Teacher's Name: _____

Day(s) & Date(s) of Change: *(Please enter Month & Day)*

Mon Tues Wed Thurs Fri

Pick-Up Information:

Time of day: _____

Adult picking up student: _____

Relationship: _____
(Be Prepared to Show Photo ID)

Bus Change Information:

Bus Creature/Number: _____

Address of drop-off point: _____

Parent/Guardian Approval:

Parent/Guardian Name: _____
(Please print clearly)

Signature: _____

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