



CHANGE OF DISMISSAL

TODAY'S DATE: ____/____/____

TEACHER'S NAME: _____

GRADE: _____

MY CHILD _____ will have a change of

(Full name of child)

dismissal on ____/____/____.

(full date of change)

His/Her current method of dismissal is by:

Please check one. If bus or carpool, please be sure to add number and/or color.

Car ____ HHE Aftercare ____ Bike ____ Carpool # ____ Walker ____

Bus Route/Color ____ Private Aftercare ____

My child will instead be going home by _____

Additional information may be listed below. For example, if your child is already a car rider, but will be riding home with a different parent than usual, please give that information here. Please let us know if your child has to meet with a student in another class.

Name of specific students, parents, teachers involved in the changes can be added here. _____

Parent Signature _____ Date _____