## ELEMENTARY SCHOOL CHANGE OF DISMISSAL FORM

Today's Date	
Child's NameLAST NAME, FIRST N	IAME
Teacher	
Please choose one of the follow  Dismiss my child to Parent Doo  by	or to be picked up
Send my child home on the bu	s.
Send my child to the Afterscho must be pre-registered)	ool Program. (Child
Other	
This change is for:  Today Only  All week	Only these days  Please circle:  Mon Tues Wed  Thurs Fri
Please check here if this is a	permanent change

Signature of Parent or Guardian

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