



Central Elementary School DISMISSAL CHANGE FORM

(Note: One form is required for each student, as every teacher needs his or her own copy.)

To: _____ Student Name: _____ Date: _____
(Teacher)

From: _____ Parent/Guardian Signature _____
(Parent/Guardian Name)

Usual way my child gets home: (circle one) Bus 6 Bus 10 Bus 15 Bus 50 Bus 67
Walk Car Childcare

Today my child:

____ Will be picked up by _____ at 3:15 p.m.

____ Needs to be picked up at the office at _____ (time) due to _____
(reason)

and will will not be returning to school.
(circle one)

____ Please send to: (circle one) Boys & Girls Club Kid Stop YMCA
(Must be pre-registered) Methodist Church Little U Growing Kids

____ Staying after school to participate in _____ Teacher Initials _____

____ Other: _____ Office Initials _____



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