2019-2020 DISMISSAL/TRANSPORTATION CHANGE FORM

Student(s) name (first and last) ____________________________________________________________________

Teacher(s) name __________________________ Date __________________

PICK UP/EARLY DISMISSAL CHANGE
☐ I will pick my child up ~OR~ ☐ ____________________________ will pick my child up (first name and last name of person)
☐ Today ☐ 2019-2020 school year ☐ Other dates ____________________________________________
☐ Picking up early (time) _________ Reason ____________________________________________________
Note: If you are picking your child up at regular dismissal, please be here NO LATER than 2:30 PM.

BUS TRANSPORTATION CHANGE
☐ Please drop my child off at ____________________________ (first name and last name)
Address (include house #) ________________________________________________________________________

Bus letter _____ ☐ Today ☐ 2019-2020 school year ☐ Other dates ____________________________
Note: Kindergarten students must be met by a parent/guardian at the bus stop and will NOT be dropped off otherwise.

Parent/guardian name (print) _______________________________________ My telephone # ______________
Parent/guardian signature ______________________________________________________________________

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Teacher(s) name __________________________ Date __________________

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Parent/guardian name (print) _______________________________________ My telephone # ______________
Parent/guardian signature ______________________________________________________________________