## 2020-2021 DISMISSAL/TRANSPORTATION CHANGE FORM

Student(s) name (first and last)	
Teacher(s) name	Date
(firs	GE will pick my child up t name and last name of person)  Other dates
	Reason
BUS TRANSPORTATION CHANGE (	(may take up to a week to begin/you will be notified)
<ul><li>□ Please drop my child off at</li><li>Address (include house #)</li></ul>	(first name <b>and</b> last name)
Note: Kindergarten stud	ool year   Other dateslents MUST be met by a parent/caregiver at the bus stop will NOT be dropped off otherwise.
Parent/caregiver name (print)	My telephone #
Parent/caregiver signature	
<b>*</b>	
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