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Indian Fields Dismissal Change Note

Day: Date:	
Student's First & Last Name (Please Print):	
Teacher's Name:	
Grade:	
Parent/Guardian Granting Permission:	
Signature:	
I request ("X") the following change in dismissal:	
will NOT ATTEND After School Program	
will go HOME ON BUS	
will be PARENT PICK UP at dismissal	
will be PICKED UP EARLY at	
AM/PM BY:	
Name:	
Relationship:	
Other Instructions:	
	



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