Indian Fields/Dayton 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:

__________________________

__________________________

____ 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:

__________________________

__________________________