

CENTER SCHOOL



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Temporary Change in Dismissal Form

Please use this form any time you make a change to your child's dismissal plans and place it in their Go Binder.

Teacher's Name:	
Parent Signature: _	

Student's Name:

Today's Date: ____ /____/___

Please check all that apply:

\square For TODAY only	
☐ For THIS WEEK on	nlv

\square For the fo	ollowing dates only: _	
☐ Bus #	to Home Address	

\square Bus Change		
Bus #	with	(student na

Dus # with		 	(Student nam	e j	
	Car Pick-Up				

Student will be picked up by	
arly Dismissal	

☐ Early Dismissal	
Time:	
Reason:	

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Please use this form any time you make a change to your child's dismissal plans and place it in their Go Binder.

Student's Name:

Teacher's Name: _____

Parent Signature:

☐ For TODAY only ☐ For THIS WEEK only

Please check all that apply:

or the	follow	ving	dates	on
	or the	or the follow	or the following	or the following dates

Today's Date: ____ /____

□ Bus #	to Home Address
☐ Bus Chang	re

Bus # ____ with _____ (student name)

Car Pick-Up Student will be picked up by _____

☐ Early Dismissal Time: Reason: