DISMISSAL CHANGE / ABSENCE REQUEST FORM

Students may not switch buses for play dates

Teacher: ____________________
From: _______________________
Date: _______________________
Child’s Name: __________________
Phone Number: __________________

(Where you can be reached during school hours)

Will be carpooled with ________________________ (name) on ________________________ (date)

**Must be listed on emergency sheet or have green carpool sign. If not, walk in with identification and sign student out.**

My child has a doctor/dentist appointment today and needs to be dismissed at ________________________

(time-no later than 3:15 – thereafter in the carpool line) OR will be late tomorrow ________________________ (date)

We will be out of town from ________________________ to ________________________

Please send a note to your child’s teacher regarding make-up work

Other ________________________

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Other ________________________

NOTE: Early dismissal - we do not call students out of class until parents are physically in the office so please allow sufficient time for them to pack up and get to the office. Should you arrive after 3:15 you will be asked to join the carpool line.