

Copley-Fairlawn Middle School Dismissal Change Request Form

Date:	Student's Name:	Phone Number: <i>Where you may be reached during school (hours)</i>
<input type="radio"/> Carpool	Carpool with:	Date:
<input type="radio"/> Appointment <i>(Doctor/Dentist)</i>	Dismissal Time:	Date:
<p>All students being dismissed must be picked up by 2:45 p.m. Any students waiting in the office at this time will be sent back to their classroom for regular dismissal.</p>		
Date:	Parent Signature	

