

Dismissal Change Request Form



Teacher: _____

From: _____

Date: _____

Child's Name: _____

Phone Number: _____

(where we can reach you during school hours)

_____ will be carpoled with _____ (name) on _____ (date)

_____ 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)

*** you must have a note from the doctor or dentist office to prevent being marked tardy upon your arrival / return to school.*

_____ we will be out of town from _____ to _____

Please make arrangements with your child's teacher regarding work that will be missed.

Other _____

NOTE: Early Dismissal ends at 3:15 - Any students waiting in the office at this time will be sent back to their classrooms for carpool dismissal. After this time all students must be picked up in the carpool lane.

These forms are for making dismissal changes, late arrival notifications, or general requests from the office. Please feel free to make copies and use as necessary.

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