Austin Elementary School

CHANGE OF DISMISSAL FORM

Date(s) of Change:______________________________
Student Name:______________________________
Grade:___________ Teacher:____________________

HOW WILL YOUR CHILD BE DISMISSED?

☐ School Bus
   Bus #__________________________________

☐ Carpool
   Carpool #________with_______________________

☐ Early Check-Out (BEFORE 2:00P.M.)
   Time:_________________________

☐ Other:_________________________________
   Parent Signature:_____________________
   Phone Number:_______________________

Austin Elementary School

CHANGE OF DISMISSAL FORM

Date(s) of Change:______________________________
Student Name:______________________________
Grade:___________ Teacher:____________________

HOW WILL YOUR CHILD BE DISMISSED?

☐ School Bus
   Bus #__________________________________

☐ Carpool
   Carpool #________with_______________________

☐ Early Check-Out (BEFORE 2:00P.M.)
   Time:_________________________

☐ Other:_________________________________
   Parent Signature:_____________________
   Phone Number:_______________________