

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: _____

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