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



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School E	Bus
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•	#with
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