



Indian Fields/Dayton Dismissal Change Note

Day: _____ Date: _____

Student's First & Last Name (Please Print):

Teacher's Name: _____

Grade: _____

Parent/Guardian Granting Permission:

Signature: _____

I request ("X") the following change in dismissal:

____ will NOT ATTEND After School Program

____ will go HOME ON BUS

____ will be PARENT PICK UP at dismissal

____ will be PICKED UP EARLY at

_____ AM/PM BY:

Name: _____

Relationship: _____

Other Instructions:



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