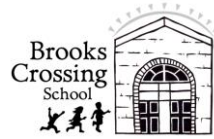


50 Deans Rhode Hall Road  
 Monmouth Junction, NJ 08852  
 Office: (732) 821-7478 x3700  
 Fax: (732) 821-7429



848 Georges Road  
 Monmouth Junction, NJ 08852  
 Office: (732) 821-7478 x 3777  
 Fax: (732) 940-8430



50 Deans Rhode Hall Road  
 Monmouth Junction, NJ 08852  
 Office: (732) 821-7478 x3700  
 Fax: (732) 821-7429



848 Georges Road  
 Monmouth Junction, NJ 08852  
 Office: (732) 821-7478 x 3777  
 Fax: (732) 940-8430

## PARENT NOTE TO SCHOOL FORM

DAY \_\_\_\_\_ DATE \_\_\_\_\_

Student's Full Name (Please Print):  
 \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent/Guardian Granting Permission:  
 \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

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

\_\_\_\_\_ Will NOT ATTEND the Community Education's After School Program. *Dismiss as noted "x" below.*

\_\_\_\_\_ Send HOME ON BUS. *[Please communicate to your bus driver all persons who have permission to receive your child at the bus stop.]*

\_\_\_\_\_ Send to PARENT PICK UP for dismissal.

\_\_\_\_\_ My child will be PICKED UP AT SCHOOL BY:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Will LEAVE EARLY at \_\_\_\_\_ AM / PM  
 for \_\_\_\_\_.

**Other Instructions:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETURN ALL NOTES IN YOUR CHILD'S PARENT / TEACHER COMMUNICATION FOLDER**

## PARENT NOTE TO SCHOOL FORM

DAY \_\_\_\_\_ DATE \_\_\_\_\_

Student's Full Name (Please Print):  
 \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent/Guardian Granting Permission:  
 \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

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

\_\_\_\_\_ Will NOT ATTEND the Community Education's After School Program. *Dismiss as noted "x" below.*

\_\_\_\_\_ Send HOME ON BUS. *[Please communicate to your bus driver all persons who have permission to receive your child at the bus stop.]*

\_\_\_\_\_ Send to PARENT PICK UP for dismissal.

\_\_\_\_\_ My child will be PICKED UP AT SCHOOL BY:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Will LEAVE EARLY at \_\_\_\_\_ AM / PM  
 for \_\_\_\_\_.

**Other Instructions:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETURN ALL NOTES IN YOUR CHILD'S PARENT / TEACHER COMMUNICATION FOLDER**