

WARNSDORFER ELEMENTARY SCHOOL
Change in Student Dismissal

Please use this form only if there is a change in your child's regular dismissal.

Date(s): _____ **Teacher's Name:** _____

Student's Name: _____

Parent/Guardian's Signature: _____

Please indicate change by checking appropriate line. My child:

1. ____ will be a walker and,
a) ____ **NOT** take his/her bus home (Bus # ____)
AND
b) ____ will be picked up by:

(name and phone number)

2. ____ will take his/her bus home.
Bus # ____

3. ____ will go to ASK
a) ____ (check if an Occasional ASK user)

4. ____ will not go to ASK, and will be
a) ____ a walker and be picked up by:

(name and phone number)
b) ____ taking the bus home – bus # _____

5. ____ will be picked up early (time: _____) by: _____
Reason: (Please circle)
Doctor appointment Dental appointment Personal

6. ____ will not be a Supervised Dismissal student, and will be
a) ____ a walker and be picked up by:

(name and phone number)
b) ____ taking the bus home – bus # _____

7. ____ other: _____

Please give this form to your child's teacher and they will forward a copy to the Main Office.