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.