MEMORIAL 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 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 # _____)
   b. _____ will be picked up by:  
      ____________________________
      First Name       Last Name       Number       Relationship

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

3. _____ will go to ASK. _____ coupon attached (if an Occasional ASK user)

4. _____ will not go to ASK, and will be
   a. _____ a walker and be picked up by:  
      ____________________________
      First Name       Last Name       Number       Relationship
   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:  
      ____________________________
      First Name       Last Name       Number       Relationship
   b. _____ taking the bus home- bus # ____________

Please send this form to your child's teacher who will then forward a copy to the Main Office.

Excellence in Academics, Athletics, and the Arts