



Nut Swamp School

2017-18

CHANGE IN DISMISSAL FORM

Date of changed dismissal: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Time of Dismissal: \_\_\_\_\_

My student will be staying after school to attend

\_\_\_\_\_ (name of activity )

Would student have been a Bus Student on this date?      Yes      No

Would student have attended After Care on this date?      Yes      No

Person to pick up student: \_\_\_\_\_

Location of Dismissal (choose one):      Usual classroom dismissal door      Main Office

Please be sure that the adult designated to pick up your child is prepared to present identification.