



Dismissal Form

Please hand this note to each child's teacher. Thank you!

Day & Date of Dismissal: _____

Student: _____

Room/Teacher: _____

My child/ren will be picked up at

_____ AM/PM

by _____

Pick up is for today only

Please place on permanent pick-up list for:
MON TUES WED THURS FRI

PHONE NO.: _____

LICENSE NO.: _____

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PLEASE PRINT)



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