



Killingworth Elementary School - DISMISSAL FORM

Student's Full Name: _____ Date: _____

Teacher's Name: _____

Parent's **Printed** Full Name and Signature: _____

Person Picking up Student:

Will be picked up **today** at dismissal time or _____ o'clock

Will ride *Bus Route Number*: _____ **today** to: _____

Other: _____



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