

DISMISSAL / TRANSPORTATION / AFTER SCHOOL CHANGE REQUEST

- **Students should submit all changes to their homeroom teacher by 8:00am.**
- **ALL emergency changes will be to ASP, submit your change by calling the office at 770-704-1372.**

Student's Name: _____ Homeroom Teacher: _____
(First and Last Name)

Date(s) _____ Check for Permanent Change

PLEASE COMPLETE THE APPROPRIATE INFORMATION:

- 1) My child will ride their assigned bus home today. Bus # _____
- 2) My child should be a car rider – Driver has a car rider tag.
- 3a) *My child should be a car rider with the following student: _____
(First and Last Name)
- 3b) * _____ will be going home with my child in car rider today.
(First and Last Name)
- 4) My child should stay in ASP. **ASP is \$20/day if not pre-registered.**
- 5) My child should stay for Learning Lab or a club meeting (list the club) _____

***Requires a dismissal change request form from both students involved with parent signature.**

TEACHERS: Number 3a and 3b – send with students to car rider line

Parent Signature: _____