

Please email KESdismissal@rsd17.org before 12:00 for any dismissal changes for your child. If you don't have access to email, you may use the form below:



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: _____