

Shakerag Elementary - Dismissal Change 2024-2025 - Submit to your child's teacher



Date: _____ Student: _____ Teacher: _____
PRINT first and last name

My child will be attending the following afterschool program: (If multiple programs, please complete one form for each program.)

Program Name: _____ Day of the Week: Monday Tuesday Wednesday Thursday Friday

Please change my child's dismissal as follows: (Please include bus number and or daycare provider information)

FROM: _____

TO: _____

This change is Permanent OR for (indicate period of time): _____

Parent/Guardian: _____ Phone: _____ Signature: _____

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