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

Date:	Student: PRINT		Teacher	r:			*	
	PRINT	first and last name					E.	J h
My child will l program.)	be attending the following	g afterschool program:	(If multiple programs	s, please o	complete or	ne form for eac	h	MENT
Program Nam	ne:		Day of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday
Please chan	ge my child's dismissa	ıl as follows: (Please	include bus numbe	er and or	daycare p	rovider inforn	nation)	
FROM:								
то:								
This change	is Permanent OR	for (indicate period	d of time):					
Parent/Guardian:		Phone:	Sig	ınature:				
	_	mentary - Dismissal			_		cher	00 00 00 00 00 00 00 00 00 00 00 00 00
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