

WARNSDORFER ELEMENTARY SCHOOL
FORM MUST BE RETURNED TO MAIN OFFICE

CHANGE OF DISMISSAL DATE(S): _____

Teacher's Name: _____

Student's Name: _____

Parent/Guardian's Signature: _____

Please indicate change by checking appropriate line.

My child: _____
(Name)

_____ will be a walker and, _____ **NOT** take his/her bus home (Bus # _____)

_____ will be picked up by: _____ (name and phone number) *The person picking up your child must be added to the contacts section in the parent portal at the beginning of the school year.

_____ will take his/her bus home. Bus # _____

_____ will go to ASK _____ (check if an Occasional ASK user)

_____ will not go to ASK, and will be _____ a walker and be picked up by: _____ (name and phone) *The person picking up your child must be added to the contacts section in the parent portal at the beginning of the school year.

_____ will be picked up early (time: _____) by: _____

Reason: (Please circle) Doctor appointment, Dental appointment, Personal

Please use this form **only** if there is a change in your child's regular dismissal. Please give this form to your child's teacher and they will forward a copy to the Main Office