Shakerag Elementary - Dismissal Change 2025-2026 - Submit to your child's teacher

Date:	Student:	Student:Teacher: PRINT first and last name						*		
	PRINT	first and last name					E.	July 197		
My child will program.)	be attending the following	g afterschool program:	(If multiple programs	s, please o	complete or	ne form for eac	h	MENT		
Program Nar	me:		Day of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday		
Please char	nge my child's dismissa	l as follows: (Please	include bus numbe	er and or	daycare p	rovider inforn	nation)			
FROM:										
то:										
This change	e is 🔲 Permanent OR	for (indicate perio	d of time):							
Parent/Guardian:		Phone:Signature:								
Dahar	_	mentary - Dismissa	_		_		cher	CO July		
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Parent/Guardian:		Phone:	Sic	anature:						