



Eastern Suffolk
BOCES

Educational Services That Transform Lives

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ALTERNATE DISMISSAL/RELEASE OF STUDENT FORM

I, _____, give permission for my child _____
(Parent/Person in Parental Relation) (Student Name)

to be released from school to: _____

on the following day(s)/date(s): _____

I understand that if there is a change in the above status, I will notify my child's school in writing.

Parent/Person in Parental Relation Signature

Date

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL OFFICE.

THANK YOU FOR YOUR ASSISTANCE.