



Change of Dismissal

Permanent Change

Temporary Change

Today's Date: _____

Effective Dates: ____ / ____ / ____ to ____ / ____ / ____

Student Name: _____

Teacher's Name: _____

Grade: _____

Current Dismissal: _____

My child(ren) will **instead** be going home by:

- Bus Route or Color: _____
- Car Line (Front of School)
- Carpool (My child is riding home with a registered carpool)
- Walker/Biker
- HHE Aftercare
- Private Aftercare (Outside Provider): _____
- Other: _____

Additional Information: (If your child is going home with another adult, please include that information here.)

Parent Signature: _____ Date: _____

Important: Changes of dismissal must be submitted by 1:00pm. You may submit your changes of dismissal via email to HeronHeightsES@browardschools.com or by sending this form in with your child(ren).