



INDIAN FIELDS
DISMISSAL CHANGE NOTE
FOR THE MAIN OFFICE

Day: _____ Date: _____

Student's First & Last Name (Print clearly):

Teacher's Name: _____

Grade: _____

Parent/Guardian Granting Permission:

Signature: _____

Check the appropriate dismissal change(s):

- ☐ Will not attend After School Program
- ☐ Will take the bus home
- ☐ Will be parent pickup at dismissal
- ☐ Will be picked up early at

_____ AM/PM by:

Name: _____

Relationship: _____

Other Instructions:



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