



Saint James Elementary School



Change of Dismissal Form

DATE: _____

Teacher: _____

Homeroom _____

Student Name: _____

Will be dismissed as follows (Please Circle)

- BUS # _____
- INDEPENDENT WALKER
 - I give my child _____ permission to be dismissed of his/her own accord.
- WALKER-PARENT
 - Meet child in parking lot.
- CAR RIDER
- EDP

Today Only (date) _____

OR

Every Day until further notice _____

Signature: _____
Parent