

Bowman Elementary School Change in Dismissal Plans Form

Student's Name: _____
Teacher's Name: _____ Grade: _____
Dismissal Date(s): _____

Parent/Guardian Daytime Phone: _____
Name of adult where child is going: _____
Phone: _____

This change is...(check all that apply)

- For TODAY ONLY
- For the following dates only:

- A permanent change for the following days:

- My child will be picked up at _____ a.m./
p.m. by _____
- My child will be picked up at the end of the day
by _____
- My child will walk/bike home with:

- Other:

Parental/Guardian Signature: _____
Date: _____

*If dismissal occurs during school hours,
please come to the office and we will call your child's classroom.

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