

CONSHOHOCKEN ELEMENTARY SCHOOL DISMISSAL CHANGE FORM

Student Name _____

Teacher _____ Room _____

Date(s) of change: _____

My child's dismissal change is as follows:

_____ Early Dismissal at _____ (time) by _____
_____ (adult name)

_____ Walker

_____ Carline pick-up by parent/guardian

_____ Carline pick-up by other adult _____
_____ (adult name)

_____ Taking assigned bus home (#) _____

_____ Attending MELC

_____ Van to child care, religious school, etc. (please specify) _____

_____ Other _____

Parent/Guardian Signature _____

Date _____