

St. Mary Parish School
CHANGE OF DISMISSAL FORM



Date request submitted: _____

Is this a permanent change? YES, beginning (date): _____

NO, dates of change: _____

Student Name: _____ Bus #: _____

(One form per student please)

Teacher Name: _____ Home room: _____

Parent Signature: _____

Quickest phone # were we can reach you at: _____

HOW DO YOU WANT YOUR CHILD TO BE DISMISSED?

car rider with parent car rider with: _____

bus home (assigned bus) bus home with: _____

after school care (CCC) on campus off campus bus # _____

early dismissal at: _____ reason: _____

other: _____

FOR OFFICE USE ONLY:

Date request received: _____ by: _____