

Love T.Nolan Elementary Dismissal Change Form

Date: _____ Student: _____ Teacher: _____ Grade _____
(PRINT First/Last Name)

My child will be attending an After School program on: Mon Tue Wed Thu Fri

(Parents: Student's enrolled in a program that begins after 2:45 PM will be sent home through regular dismissal.)

Please change my child's dismissal as follows:

This change is: temporary: __today __this week long-term: __ Rest of year

Parent/Guardian: _____ Phone: _____ (H/C)
(PRINT First/Last Name)

Signature: _____

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