



Morgan Township Elementary School DISMISSAL CHANGE FORM

(Note: One form is required for each student, as every teacher needs his or her own copy.)

To: _____ Student Name: _____ Date: _____
(Teacher)

From: _____
(Parent / Guardian Name) (Parent / Guardian Signature)

___ Will be picked up by _____, at Dismissal (2:40 p.m.) at pick-up door #7

___ Needs to be picked up at the office at _____ (time) due to _____
(reason)

___ Please send to Y-Care (Must be pre-registered)

___ Staying after school to participate in _____

___ Other: _____

Teacher's Initials _____



Morgan Township Elementary School DISMISSAL CHANGE FORM

(Note: One form is required for each student, as every teacher needs his or her own copy.)

To: _____ Student Name: _____ Date: _____
(Teacher)

From: _____
(Parent / Guardian Name) (Parent / Guardian Signature)

___ Will be picked up by _____, at Dismissal (2:40 p.m.) at pick-up door #7

___ Needs to be picked up at the office at _____ (time) due to _____
(reason)

___ Please send to Y-Care (Must be pre-registered)

___ Staying after school to participate in _____

___ Other: _____

Teacher's Initials _____