



HEARDS FERRY ELEMENTARY SCHOOL

Change of Dismissal Form

Date(s) of Change _____

Student Name _____

Grade _____ Teacher _____

HOW WILL YOUR CHILD BE DISMISSED?

SCHOOL BUS

Bus # _____

*** Students must ride assigned bus*

CARPOOL

Carpool # _____ with _____

EARLY CHECK-OUT {before 2:00 PM}

Time: _____

OTHER

Parent Signature _____

Phone Number _____



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