|   | STUDENT NAME:     |                    |                     |                  |         |
|---|-------------------|--------------------|---------------------|------------------|---------|
|   |                   | GRADE              | TEACHER             |                  |         |
| ROARING BROOF   |                   |                    |                     |                  |         |
| This schedule will be received notifying the                                    | your child's p    | ermanent dismiss   | al schedule, unless | a signed written | note is |
| Please check the boxes  | below to indicate |                    |                     |                  |         |
| Parent Pick-Up  |                   |                    |                     |                  |         |
| Ride Assigned Bus   |                   |                    |                     |                  |         |
| This schedule will so   |                   | Date               |                     | my child:        |         |
|   |                   |                    |                     |                  |         |
| If someone other the<br>note.<br>This schedule will re<br>notification of chang | main in effect    |                    |                     |                  | ten     |
| Signature of Parent/C   | Guardian          |                    | -                   | Date             | _       |
| Print Name  |                   |                    |                     |                  |         |
| Please return this sig  | ned form to yo    | ur child's classro | om teacher.         |                  |         |