



Johnson School Dismissal Note
203-794-8700

Date: _____

Student's Name: _____
(Please print)

Teacher's Name: _____

From: _____
(Parent Signature)

- ☐ Will be picked up at parent pick up by _____
- ☐ Will be staying after school for _____
- ☐ Will be picked up early by _____
at _____ am/pm (identification required)
- ☐ Other _____

Have a great day!



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