



Dismissal Note

(Please print clearly & complete all requested information in appropriate section)

_____ Date

Student Name: _____

Teacher Name: _____ **Grade:** _____

Bus Note: **Bus #** _____
Destination Address: _____

Pick-Up Note: **Time:** _____
Reason: (Dr. Appt., dentist, etc.) _____
Picked-up by: _____

Castleton Kids: Day(s) to attend: M T W Th F

Blanket Note (Provide names of individuals that have permission to pick-up anytime throughout the school year or ongoing dismissal instructions here):

Parent/Guardian Signature

Telephone Number