



## 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