

**NELLIE BENNETT ELEMENTARY SCHOOL**

732-701-1900

[www.pointpleasant.k12.nj.us](http://www.pointpleasant.k12.nj.us)

**STUDENT DISMISSAL NOTE**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

Teacher's Name

I wanted to let you know that \_\_\_\_\_

Student's Full Name

- ☐ Has a doctor's appointment. I will pick him/her up at \_\_\_\_\_:
- ☐ Will be picked up today by \_\_\_\_\_ at 3:20pm
- ☐ Will be walking/biking home at 3:20pm
- ☐ Will not be attending Daycare/Club
- ☐ Other \_\_\_\_\_

Thank You,

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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