

William L Callahan School
DISMISSAL CHANGE FOR TODAY

Date of Change: _____

Student Name: _____
(First) (Last)

Teacher Name: _____

Parent Name (Please Print): _____

PHONE #: _____

- EARLY DISMISSAL – Will be picked up by _____ @ _____
Reason for early dismissal (optional) _____
- DIFFERENT BUS - Will take Bus # _____
to Location (Name) _____
(Address) _____
- 3:00 DISMISSAL - Will be picked up at dismissal by _____
(First Name) (Last Name)
- BEC -- Will go to BEC on Bus # _____
- BEC -- Will ***NOT*** go to BEC

Parent/Guardian Signature: _____ Date: _____

*** ANY request to change a student's dismissal plan must be in writing from the parent/guardian. Please use this form whenever possible. ***