

Morgan Township Elementary School
CHANGE OF DISMISSAL

(Note: One form is required for each student, as every teacher needs his or her own copy.)

To: _____ (Teacher)

From: _____ (Parent/Guardian)

On _____ **Student Name:** _____
(date)

___ Will be picked up by _____, at Dismissal (2:40 p.m.) at pick-up door #7

___ Needs to be picked up in the office at _____ (time) due to _____
(reason)

___ Staying after school to participate in _____

___ Other: _____

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