

## Long Hill School Dismissal Change Form

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Date of Change \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Type of Dismissal Change (please check one):

- ☐ DISMISS TO PARENT at Dismissal Time in the Cafeteria (3:45 full day, 1:50 early dismissal day)

Name of Person picking up: \_\_\_\_\_

- ☐ EARLY PICKUP at \_\_\_\_\_ in the Office

Name of Person picking up: \_\_\_\_\_

- ☐ CHANGE OF PERSON PICKING UP (provide name): \_\_\_\_\_

- ☐ OTHER \_\_\_\_\_

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