

HERMOSA MONTESSORI SCHOOL DISMISSAL CHANGE
(One form per student)

Student Name Teacher

will be picked up on _____ at _____ by _____
Date(s) Time Name of person to pick up

Comments: _____

Signature of Parent/Guardian _____

Office Use Only

Student will be picked up with: Dismissal Group 1 Dismissal Group 2 Dismissal Group 3 Late Care

Authorized by _____ in person by phone fax Staff Initials _____

Does student need to be informed of dismissal change? Yes No

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