



CHANGE OF DISMISSAL

TODAY'S DATE: _____/_____/_____

TEACHER'S NAME: _____

GRADE: _____

MY CHILD _____ will have a change of
(full name of the child)

dismissal on (date) _____/_____/_____

His/Her **CURRENT** method of dismissal is by (please check ONE):

Car _____ Bus Route _____

Walker _____ Firewall Aftercare _____

Private Aftercare Bus Name _____

INSTEAD, my child will be going home by: _____

Parent Signature _____ Date _____

Fax to: 754-322-8790 or email: vesinfo@browardschools.com