

River Eves Elementary School

## DISMISSAL CHANGE FORM

Please deliver to Front Office Or Fax to 470-254-4557  
Before 1:30 PM

Today's Date:

Date(s) of Change:

CHECK HERE IF THIS IS A PERMANENT CHANGE

Student's Name:

Grade:                      Teacher:

HOW WILL YOUR CHILD BE DISMISSED?

SCHOOL BUS

Bus #:

CARPOOL

Carpool #:

OTHER

EARLY CHECKOUT DOESN'T NEED A DISMISSAL CHANGE  
FORM IF STUDENT IS CHECKED OUT **BEFORE** 2:00 pm

Parent Name (Printed):

Parent Signature (Required):

Phone Number:

River Eves Elementary School

## DISMISSAL CHANGE FORM

Please deliver to Front Office Or Fax to 470-254-4557  
Before 1:30 PM

Today's Date:

Date(s) of Change:

CHECK HERE IF THIS IS A PERMANENT CHANGE

Student's Name:

Grade:                      Teacher:

HOW WILL YOUR CHILD BE DISMISSED?

SCHOOL BUS

Bus #:

CARPOOL

Carpool #:

OTHER

EARLY CHECKOUT DOESN'T NEED A DISMISSAL CHANGE  
FORM IF STUDENT IS CHECKED OUT **BEFORE** 2:00 pm

Parent Name (Printed):

Parent Signature (Required):

Phone Number: