

Hollymead Elementary School
Change of Dismissal Form

Date: _____

Child's Name: _____

Teacher's Name: _____

Please Select Only ONE Option

_____ will be a walker / biker today. (circle one)
* If walker, is supervision required? Y/N: _____

_____ will ride his/her assigned bus home today

_____ will be picked up at 2:30 at the car pick-up circle

_____ will be picked up in the main office today at _____ o'clock

_____ will attend EDEP today

_____ is going home with _____
by car, bus, walking (circle one)

_____ will be leaving field trip with parent or _____

Other: _____

Parent Name (Print): _____

Signature: _____

Telephone where you can be reached today: _____

***Please do NOT send in changes of dismissals after 1:00 pm. Thank you!**

Our Fax Number is 434-978-3687. Please call us to confirm that we have received your fax. (434-973-8301).