



# St. Alphonsus Catholic School

## Change in Afternoon Dismissal

Office Use:

\_\_\_\_ Approved  
\_\_\_\_ Denied

By: \_\_\_\_\_

Student (First & Last): \_\_\_\_\_ Date: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Please allow my child to:

\_\_\_\_ Ride his/her normal school bus. Rt #: \_\_\_\_\_

\_\_\_\_ Ride the School bus with \_\_\_\_\_ on Rt # \_\_\_\_\_.

\_\_\_\_ Ride home in carpool with \_\_\_\_\_.

\_\_\_\_ Go to Extended Care.

\_\_\_\_ Stay after school for \_\_\_\_\_ practice.

\_\_\_\_ To be checked out at \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent Cell Phone #



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