



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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