St. Alphonsus Catholic School Change of Dismissal Form

STUDENT NAME:	
GRADE:	TEACHER:
How Will	Your Child Be Dismissed?
CARPOOL WITH	
School Bus#	
EXTENDED CARE	
AFTER SCHOOL ACTIVI	TY
OTHER	
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	SUS CATHOLIC SCHOOL ge of Dismissal Form
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Chan STUDENT NAME: DATE(S) OF CHANGE: GRADE: How Will CARPOOL WITH SCHOOL BUS # EXTENDED CARE	ge of Dismissal Form TEACHER: Your Child Be Dismissed?