

PARKSIDE ELEMENTARY SCHOOL – SUBMIT ONLY ON DAY OF CHANGE

Date_____ Teacher_____

Student's First Name_____ Last Name_____

(Please check only one and be sure to include bus # if applicable)

_____ Parent Pick-up: Car Tag #_____

_____ Parent Pick-up for the rest of the year

_____ Early Dismissal – Time _____ Reason: _____

Will student be returning? _____

_____ Home Bus #_____ and Home Address_____

_____ Other _____

Parent Signature_____

PLEASE NOTIFY YOUR DAYCARE PROVIDER IF YOUR CHILD WILL NOT ATTEND.

Revised August 2021

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