



# 2024-2025 Request to Change Dismissal Routine

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Date(s) for change: \_\_\_\_\_

Current Dismissal Routine:

- ☐ Car Rider
- ☐ Bus Rider (Color) \_\_\_\_\_
- ☐ Walker
- ☐ Bike Rider
- ☐ After School (Program) \_\_\_\_\_
- ☐ Day Care Van (Name) \_\_\_\_\_



Requested Change to Dismissal Routine:

- ☐ Car Rider (Bring pick up tag/valid FL ID. Name of person picking up the student. \_\_\_\_\_)
- ☐ Bus Rider (Color) \_\_\_\_\_, (Bus Stop) \_\_\_\_\_
- ☐ Walker
- ☐ Bike Rider
- ☐ After School (Program) \_\_\_\_\_
- ☐ Day Care Van (Name) \_\_\_\_\_



Brief statement with detailed instructions:

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We ask parents to:

1. Provide a consistent method for how their child will go home.
2. Send in a written statement or complete this form when it is necessary to make a change to a child's dismissal routine no later than 9:00 am. This allows time to process the request and inform staff of the changes in dismissal routine. The note needs to contain the date of the change, the request change, and the parent's signature and contact information.

**Remember to update the emergency contact form on FOCUS to include the contact information of any adults who are authorized to pick up your child during the school day or at dismissal.**

Parent's Name (Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Mandatory Information\* Parent Contact Number(s): \_\_\_\_\_

Please feel free to contact the school with any questions concerning transportation changes.

**Thank you for supporting student safety at our school.**