



WPS Dismissal Note

Classroom Teacher _____ Date _____

Student _____

WILL BE PICKED UP BY _____ at _____

Reason for **early** dismissal: _____ Medical Appointment _____ Other

HAS MY PERMISSION TO:

_____ Ride on Bus No. _____ to _____

****Address (required)** _____

_____ Stay after school for: _____

Activity/Program

Special Instructions: _____

Parent/Guardian Signature



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