Intervale Elementary School

Name of Student: __________________________
_________________________________________
Grade/Teacher: ____________________________
Date: ____________________________________

My child ________ should be dismissed as a walker to:

________________________________________

________ will be picked by ______________ at ____________________

________ should be dismissed as a busser

________ should go to PM SKIP

________ will be away from ______ to ______ and will be returning to school on

________ other _____________________________

_____________________________

_____________________________

_____________________________

Parent Name: _____________________________

Parent Signature: __________________________

Phone:___________________________________

Intervale Elementary School

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Grade/Teacher: ____________________________
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Parent Name: _____________________________

Parent Signature: __________________________

Phone:___________________________________