

Week of: September 11th -15th 2017

Dear Lower Lab Families,

Please fill out this Dismissal Schedule and return it to your teacher as soon as possible.

Child's Name _____ Class _____ Parent's Name _____

Dismissal Schedule

Please indicate below how your child is to be picked up from school each day
(i.e. bus, babysitter's name, parent, afterschool etc...)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

Please send a written note if the plans change for **any** reason. This policy ensures the safety of your child. Children will be dismissed according to this schedule unless a written change is received.

Thank you.

Parent's Signature _____ Date _____