

# Killingworth Elementary School - DISMISSAL FORM



Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent's **Printed** Full Name: \_\_\_\_\_

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

Will be picked up **today** at \_\_\_\_\_ o'clock by: \_\_\_\_\_

Will ride *Bus Route Number:* \_\_\_\_\_ **today** to: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

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