

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: _____

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: _____
