

STUDENT DISMISSAL REQUEST FORM 24 - 25
TACKAN ELEMENTARY SCHOOL
631-382-2675 FAX 631-382-2676

REQUEST FOR DISMISSAL CHANGE ON DATE(S): _____

Student Name: _____ Cell Phone: _____

EACH child needs their own form. Please do not list siblings on a single form.

Parent/Guardian Signature: _____

Teacher: _____ Grade: _____

EARLY DISMISSAL

- @Greeter Window (no later than 3:00) - Picked up by: _____

Time to be picked up: _____ Does child attend After Care: _____

KINDERGARTEN DOOR PICKUP AT 3:30

____ Picked up by Parent / Guardian ____ Picked up by person other than Parent / Guardian

Name and phone number: _____

Does child attend After Care: _____

____ Pickup @ Kindergarten Doors for the entire school year (A signature is required each day for pickup).

FRONT DOOR PERMANENT WALKER

Permission to be a Front Door Permanent Walker: _____

No signature (If chosen, this accommodation **MUST** be everyday Monday-Friday, it is not available for use on only certain days).

To request a PERMANENT FULL YEAR BABYSITTER PASS you must download the form on the Tackan website and submit your request to Maureen Smith. No DAILY bus changes are accepted.

*****ID IS REQUIRED EVERY TIME YOU PICK UP YOUR CHILD*****

All EMERGENCY bus passes require a phone call-- **DO NOT** send an email to the main office or to the teacher. Written notice or phone contact is required.

Call ins are to be the exception not the norm.