# ALLENDALE PUBLIC SCHOOL DISTRICT
# ALLENDALE, NJ 07401

## DISMISSAL CHANGE FORM

I _____ on _____
       Parent/Guardian Name                   Month/Day/Year

wish to change the dismissal procedure for my

child/children _____
                              Name of Child/Children

who is in _____Grade, _____Class
                                Teacher's Name

from _____ to _____

Signature:_____ Date:_____