



# SCHODACK

## CENTRAL SCHOOL DISTRICT

### Dismissal Note

(Please print clearly)

\_\_\_\_\_ Date

**Student Name:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Bus Note:** Bus #: \_\_\_\_\_ Destination: \_\_\_\_\_

**Pick-Up Note:** Time: \_\_\_\_\_ Date: \_\_\_\_\_

Reason (Dr. appt, dentist, etc.): \_\_\_\_\_

Name of Individual to pick-up: \_\_\_\_\_

**Castleton Kids:** Day(s) to attend:                      M      T      W      Th      F

**Blanket Note** (Provide names of individuals that have permission to pick-up anytime throughout the school year):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*