

# END OF DAY CHANGE

(PLEASE PRINT!)

Date of change: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child's First Name / Last Name / Grade

Will be leaving school at \_\_\_\_:\_\_\_\_ am / pm

For \_\_\_\_\_

Will return to school? No Yes Time? \_\_\_\_\_

Will stay at EDC until \_\_\_\_\_

Will stay after school for \_\_\_\_\_

## Middle School:

The following teacher/s asked me to stay after school: (circle)

Mrs. Mullen Mrs. Kahler Mrs. Anderson Mrs. Arndt

Reason/s: (circle)

Test Work Review Service (where?) \_\_\_\_\_

Will take the bus home

Will take the bus with \_\_\_\_\_

Will be a car rider

Will be a car rider with \_\_\_\_\_

Will meet \_\_\_\_\_

in room \_\_\_\_\_

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

Parent/Guardian signature:

Contact # if questions \_\_\_\_\_

Download additional forms at [www.stanthony.cc/school](http://www.stanthony.cc/school)

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