

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. Kahler Mrs. Anderson Mr. Rouu

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 _____

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