



End of Day Change

Date:

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 _____

Will take the bus home

Will take the bus with* _____

Will be a car rider

Will be a car rider with _____

Other: _____

Parent/Guardian signature:

Contact # if questions _____

Download additional forms at www.stanthony.cc/school

***Bus Pass Form must be completed along with End of Day Form.**