



David Leech Elementary
School Office ___/___/___

Child's Full Name

Parent/Guardian Signature

Absence My child was absent on ___/___/___
due to _____

Late Arrival or Early Dismissal
on ___/___/___ due to _____

****Change of Dismissal Instructions****

Bus Change Home Date ___/___/___
My child will be riding bus _____

Bus Date ___/___/___
My child will be riding his/her bus home today

Walker Date ___/___/___
Put my child in the walker line at dismissal
he/she will be picked up by _____
Relationship

Staying after School Date ___/___/___
My child will be staying after school for:

Indicate Activity

Pick up will be my responsibility
 Pick up will be daycare provider

Other _____



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