



Richfield Dismissal Change Request Form

Date _____

Student's Name: _____ Teacher: _____
(First and Last Name)

PLEASE COMPLETE THE APPROPRIATE INFORMATION:

___ My child will be parent pick up at 3:20 p.m. and picked up by: _____
(First and Last Name)

___ My child has an appointment and needs to be picked up at _____
(Time)

___ My child will ride the bus _____
(Bus letter)

___ My child will be staying afterschool today for: _____
(List club/activity)

___ My child will be absent from school from _____ to _____ for the
(Date) (Date)

following reason: _____



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