STUDENT DISMISSAL REQUEST FORM 24 - 25
TACKAN ELEMENTARY SCHOOL
631-382-2675 FAX 631-382-2676

REQUEST FOR DISMISSAL CHANGE ON DATE(S):

Student Name: Cell Phone:
EACH child needs their own form. Please do not list siblings on a single form.

Parent/Guardian Signature

Teacher: Grade:
____
EARLY DISMISSAL
● @Greeter Window (no later than 3:00) - Picked up by:

Time to be picked up: Does child attend After Care:
____
KINDERGARTEN DOOR PICKUP AT 3:30

 Picked up by Parent / Guardian Picked up by person other than Parent / Guardian

Name and phone number:

Does child attend After Care

____ Pickup @ Kindergarten Doors for the entire school year (A signature is required each day
for pickup).
____
FRONT DOOR PERMANENT WALKER
Permission to be a Front Door Permanent Walker: _______________
No signature (If chosen, this accommodation MUST be everyday Monday-Friday, it is not