



# SCHODACK

## CENTRAL SCHOOL DISTRICT

### Dismissal Note

(Please print clearly)

\_\_\_\_\_  
Date

**Student Name:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

☐ **Bus Note:** Bus #: \_\_\_\_\_ Destination: \_\_\_\_\_

☐ **Pick-Up Note:** Time: \_\_\_\_\_ Date: \_\_\_\_\_

Reason (Dr. appt, dentist, etc.): \_\_\_\_\_

Name of Individual to pick-up: \_\_\_\_\_

☐ **Castleton Kids:** Day(s) to attend: M T W Th F

☐ **Blanket Note** (Provide names of individuals that have permission to pick-up anytime throughout the school year):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date