

DISMISSAL/TRANSPORTATION/AFTER SCHOOL CHANGE REQUEST

Student should submit all changes to their homeroom teacher.

Emergency changes submitted via EMAIL due by 10:00 am

Front Office Email: Bascomb.Office@cherokeek12.net

If emailing include photo ID – if you do not receive an email confirmation please call 770.721.6630

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

Date(s) _____ Check for Permanent Change

PLEASE COMPLETE THE APPROPRIATE INFORMATION:

1) My child will ride their assigned bus home today. Bus # _____

2a) *My child will be riding their assigned bus, getting off at a different stop with
_____, _____.
(First and Last Name) (Homeroom Teacher's Name)

2b) * _____, _____ will be riding his/her regular bus
(First and Last Name) (Homeroom Teacher's Name)
with my child today but will get off at my child's bus stop: _____.

3) My child should be a car rider – Driver has a car rider tag.

4a) *My child should be a car rider with the following student: _____
(First and Last Name)

4b) * _____ will be going home with my child in car rider today.
(First and Last Name)

5) My child should stay in ASP. ASP is \$10/day if paid & enrolled before 10:00 AM and \$14/day if paid or enrolled after 10:00 AM.

6) My child should stay for Learning Lab or a club meeting (list the club)

***Requires a dismissal change request form from both students involved with parent signature.**

Section 2 – send to front office Section 4 – send with students to car rider line

Parent Signature _____