



Schaghticoke Middle School

860-354-2204

Dismissal Note

Date: _____

Student's Name: _____
(Please Print)

From: _____
(Parent Signature)

Will be taking bus # _____ today to

(Address)

Reason: _____

Will be picked up at parent pick up by:

Will be staying after school for: _____

Will be picked up early by: _____
(Identification Required)
at _____ a.m./p.m..

Other _____
