



Brooks Crossing
 50 Deans Rhode Hall Road
 Monmouth Junction, NJ 08852
 Main Office: (732) 821-7478 x3700
 Fax: (732) 821-7429

PARENT NOTE TO SCHOOL FORM

DAY _____ DATE _____

Student's Full Name (Please Print):

Teacher's Name: _____

Parent/Guardian Granting Permission:

(Please Print)

Signature: _____

I request ("X") the following change in dismissal:

- _____ Send HOME ON BUS
- _____ Send to PARENT PICK UP for dismissal
- _____ Will LEAVE EARLY at _____ AM/PM
for _____.

_____ Will be PICKED UP BY:
Name: _____

Relationship: _____

- _____ Will NOT ATTEND After School Program
- _____ Will GO TO After School Program
- _____ Will GO TO YMCA Program today.*
- _____ Will NOT ATTEND YMCA Program today.*

(* You must also contact the YMCA of any changes.)

Other Instructions:



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