

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
Studen	t's Full Name (Please Print):
Teache	er's Name:
Parent/	Guardian Granting Permission:
	(Please Print)
Signatu	ure:
I reque	est ("X") the following change in dismissal:
	Send HOME ON BUS
	Send to PARENT PICK UP for dismissal
	Will LEAVE EARLY atAM/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:



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 I	Full Name (Please Print):
Teacher's	Name:
Parent/Gua	ardian Granting Permission:
	(Please Print)
Signature:	
I request ('	'X") the following change in dismissal:
Ser	nd HOME ON BUS
Ser	nd to PARENT PICK UP for dismissal
Wi	II LEAVE EARLY atAM/PM
for	•
Wi	ll be PICKED UP BY:
Nai	me:
Rel	ationship:
Wi	ll NOT ATTEND After School Program
Wi	ll GO TO After School Program
Wi	ll GO TO YMCA Program today.*
Wi	ll NOT ATTEND YMCA Program today.*
(* You mus	st also contact the YMCA of any changes.)
Other Ins	structions: