VCS Dismissal Information

Please print all necessary information * * * Be prepared to show ID at Pick-up

Student :						Student : First Last					
Student : First La			₋ast			First	First		Last		
Date:	Teacher:			Rm#	Date:	Teacher:				Rm#	
Day (s) & Date (s) of chan	ge: (<u>Please</u>	e enter <u>N</u>	Ionth & Day)	Day (s) & Date (s) of chan	ge: (<u>Pleas</u>	e enter M	Ionth & Day)
M	Т	W	ТН	F	Until Further Notice	M	Т	W	ТН	F	Until Further Notice
Pick-up Information:						Pick-up Information:					
Pick-up Time:						Pick-up Time:					
Full name of adult picking up child:						Full name of adult picking up child:					
Relationship to child:						Relationship to child:					
Reason:						Reason:					
Walkin	ng Inform	ation: (Pri	mary and Inte	rmediate C	Only)	Walking	g Inform	ation: (Pri	mary and Inte	ermediate C	Only)
Destinati	ion Name an	d Address:				Destination Name and Address:					
		-									
*Paren	t/Guardia	n Name:	*(Print)			*Parent/Guardian Name: *(Print)					
*(Signature)						*(Signature)					

All dismissal changes must be received no later than 11:00 am.

VECS dismissal is at 3:00. End of day parent pick-up in the Dining Room.

VPS dismissal is at 3:10. End of day parent pick-up in the Dining Room.

VIS dismissal is at 3:15. End of day parent pick-up in the Dining Room.

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