

BEACHSIDE MONTESSORI VILLAGE
Dismissal Change/Request Form

Date: _____

Student's Name: _____ Teacher: _____

Please make the following change in dismissal procedure

Change From: _____ Change To: _____

Effective Date(s): _____

Please circle your selection from the following category - THIS CHANGE IS

Temporary

Permanent

Today Only

(Parent/Guardian name-please print)

(Staff member completing form)