



**CHANGE OF ROUTINE FORM**

Student Name \_\_\_\_\_ Room \_\_\_\_\_ Date \_\_\_\_\_

- Car Rider
- Walking Home
- Doctor/Dentist/Medical Appointment/Funeral:  
Time Out: \_\_\_\_\_ Time Returning: \_\_\_\_\_
- Permission to go home with \_\_\_\_\_
- Other: \_\_\_\_\_
- Bus Rider
- After School Care Program

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_



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