CHANGE TO DISMISSAL THOMAS E. BOWE MIDDLE SCHOOL

PHONE: 856-652-2700 Ext. 3102 FAX # 856-589-0869

Please use this form to notify the school of any changes to your child's regular dismissal procedure. Please send it in with your child the morning the dismissal change is to occur. Calling in changes to the office by phone should only be done in emergency situations. In the case of an emergency, these changes must be called in by 12:30 p.m. on a regular dismissal day and 10:00 a.m. on an early dismissal.

| Student's Name: | Date: | |
|--|--|--|
| Homeroom Teacher: | | |
| From : (Parent/Guardian Name) | | |
| NORMAL ROUTINE | | |
| Bus # Non-transported Parent Pick-Up GCDC/JURASSIC (you must notify GC | CDC/JURASSIC of any changes to dismissal). | |
| CHANGE TO NORMAL ROUTINE | | |
| Please provide reason for early p Parent Pick-up going home Non-transported Will be going home on their assig Will be going to GCDC/JURASSIC | (person) at(time pick up: e with gned Bus # (You must also notify GCDC/JURASSIC of any changes to di | |
| | ay there is to be a change in regular dismissal procedures. er than 2:00 p.m. during a regular school day and by 11:30 | |
| Parent/Guardian (Signature): | Date: | |
| Phone Number: | | |

Updated 8-18-22