

NELLIE BENNETT ELEMENTARY SCHOOL

732-701-1900

www.pointpleasant.k12.nj.us

STUDENT DISMISSAL NOTE

Date: _____

Dear: _____

Teacher's Name

I wanted to let you know that _____

Student's Full Name

- Has a doctor's appointment. I will pick him/her up at _____:
- Will be picked up today by _____ at 3:20pm
- Will be walking/biking home at 3:20pm
- Will not be attending Daycare/Club
- Other _____

Thank You,

Parent/Guardian Name _____

Parent/Guardian Signature _____

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