

C. H. GULLATT ELEMENTARY SCHOOL

## CHANGE OF DISMISSAL FORM

(Submit this form to your child's teacher before school)

Date(s) of Change: \_\_\_\_\_

Is this a permanent change?  Yes  No

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Best phone number to reach you in case of emergency:  
\_\_\_\_\_

**HOW DO YOU WANT YOUR CHILD TO BE DISMISSED?  
PLEASE CHECK ONLY ONE.**

Bus Rider (Write Bus #): \_\_\_\_\_

Carpool With: \_\_\_\_\_

Daycare Van Name: \_\_\_\_\_

Early Dismissal: \_\_\_\_\_

(Time to be picked up & reason for checking out)

Other: \_\_\_\_\_

Office Approval: \_\_\_\_\_

**Fulton County policy** states that a student may only ride another bus in case of an emergency. Contact the Transportation Department at 770-969-6060 to get approval.