GLEN HEAD SCHOOL Change in Going Home Arrangements

Date	Teacher's Name		
Please be advised that my child, changing his/her going home arrar			, will be
This afternoon he/she <u>IS G</u>	OING TO		
☐ be picked up by		_at	am/pm.
□ go home with			
□ NS Before/After School Child	Care		
□ Extra Help with Teacher			
□ Club			
□ PTO After School Program _			
□ Other (please specify)			
Additional Notes:			
Parent Signature			