

GLEN HEAD SCHOOL
Change in Going Home Arrangements

Teacher's Name _____ Date _____

Please be advised that my child, _____, will be changing his/her going home arrangement today.

This afternoon he/she: IS NOT GOING TO...

(Please check if applicable)

- | | |
|---|---|
| <input type="checkbox"/> North Shore After School Child Care | <input type="checkbox"/> PTO After School Program |
| <input type="checkbox"/> Boys & Girls Program | <input type="checkbox"/> Viana |
| <input type="checkbox"/> Harbor Day School | <input type="checkbox"/> Tutor Time |
| <input type="checkbox"/> Follow regular going home arrangement (Bus/Walk) | |
| <input type="checkbox"/> Extra Help with Teacher _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

IS GOING TO...

- be picked up by _____ at _____ am/pm.
- go home with _____
- Club (please specify) _____
- Extra Help with Teacher _____
- Other (please specify) _____

Additional Note:

Parent Signature