



EARLY DISMISSAL FORM

STUDENT NAME _____

ID NUMBER _____

DATE OF DISMISSAL _____

REASON FOR LEAVING EARLY:

- Sick
- Doctors Appointment
- Dentist Appointment
- Funeral
- Unexcused (personal/family trip/ wedding/ etc.)
- Other Appointment _____

List any further explanation:

Parent Signature _____ DATE _____

Print Name _____ **Parent Telephone _____