Today’s Date: __________________________

Child’s Name: __________________________________________________________

Child’s Grade: __________________________________________________________

Early Dismissal Date: ____________________________________________________

Early Dismissal Time: ____________________________________________________

Reason for Early Dismissal: _____________________________________________
_______________________________________________________________________
_______________________________________________________________________

(PRINT) Parent/Guardian Name: ____________________________________________

Parent/Guardian SIGNATURE: _____________________________________________

Parent/Guardian Contact Number (Cell): _________________________________

Parent/Guardian Contact Number (Home or Work): _________________________

* A contact number must be given to the school to verify your child’s early dismissal. If a parent or guardian cannot be contacted, it is possible that the early dismissal will not be approved by the school.

Thank you.
P. Logan, Attendance Office

_______________________________________________________________

Verified By Staff Member