

Carver High School of Engineering & Science
STUDENT REQUEST FOR EARLY DISMISSAL

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