

EARLY DISMISSAL

PASS: TO _____
AT _____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Grade _____

Reason for Early Dismissal _____

Time to be excused _____ Date _____

Will Return today Will NOT return today

Signature of Parent or Guardian _____

II. SCHOOL USE

Approved by School Official _____

Time and date of student's return _____
(date) (time)

III. TO THE STUDENT

This form must be signed below by the authorized person at the appointment location and then returned to the school office upon your return to school.

IV. SIGNATURE OF AUTHORIZED PERSON AT APPOINTMENT LOCATION

(signature)

(time appointment ended)