

Early Dismissal Form

Student Name _____

Date _____

Homeroom Teacher _____

Grade _____

Early Dismissal Time: _____

Please check off the appropriate reason for being dismissed early:

_____ Doctor's Appointment

_____ Eye appointment

_____ Funeral

_____ Dentist/Orthodontist

_____ Other (please explain) _____

Please provide:

Parent Signature: _____

Phone Number of Parent: _____