

Homeroom_____

Grade_____

Early Dismissal Form

Student Name_____

Date_____

Please check off the appropriate reason for being dismissed:

_____ **Doctor's Appointment**

_____ **Eye Appointment**

_____ **College Visitation**

_____ **Funeral**

_____ **Dentist/Orthodontist**

_____ **Other (Please explain)**

Please Provide:

Home or Cell No. of Parent or Guardian_____

Early Dismissal Time_____

Parent's Signature:_____