

## Early Dismissal Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Early Dismissal \_\_\_\_\_ Time of Early Dismissal \_\_\_\_\_

Please check the reason for Early Dismissal:

Doctor's Appointment

Eye Appointment

College Visitation

Funeral

Dentist Appointment

Other \_\_\_\_\_

Doctor's Name & Phone # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone no. \_\_\_\_\_

Email completed form to **DEHS:** [DE\\_Attendance@dasd.org](mailto:DE_Attendance@dasd.org) or **DWHS:** [DWAttendance@dasd.org](mailto:DWAttendance@dasd.org)