



Office of the Assistant Principal for Student Life

OFFICIAL REQUEST FORM FOR EARLY DISMISSAL

Please return this form to the Office of Student Life, Room 115

Student Name: _____ ID#: _____

Date of Early Dismissal: _____ Time of Dismissal: _____

Time of Return to School: _____

Reason: _____

Leaving with Parent/Guardian (select one): Yes No

Dismissed student driving (select one): Yes No

Leaving with someone other than Parent/Guardian:

Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Phones:

Home: _____ Work: _____ Cell: _____