



Early Dismissal Form

Please fill this form out in its entirety and have your son turn it into Student Services prior to his appointment. We must have a parent note to let a student leave campus. *Thanks for your cooperation.*

Student Name: _____

ID#: _____

Please dismiss my son from school on _____ at _____
Day & Date Time

for _____
Reason

He will / will not be returning.
Circle One

Parent/Guardian Signature

Date

Student Signature

Date