

Grade: _____

Homeroom: _____

Early Dismissal Form

Student Name: _____ **Date:** _____

Please check the appropriate reason for being dismissed:

_____ Doctor's Appointment

_____ Eye Appointment

_____ College Visitation

_____ Funeral

_____ Dentist/Orthodontist

_____ Other (please explain)

The following information must be provided in order to process your early dismissal:

Phone number of the medical office being visited: _____

Home Phone Number: _____

Parent's Work Number: _____

Early Dismissal Time: _____

Parent's Signature: _____ **Date:** _____