

Early Dismissal Note

Student Name: _____ Grade 5th 6th 7th 8th

Will be picked up at ____:____ on _____ (date)

Name of the person picking up your child _____

Reason for dismissal:

____ Doctor/Dentist/Orthodontist

____ Family Matter

____ Sports/Student Activity

____ Leaving on a trip

____ Other _____

Parent/Guardian Signature _____ Date _____

Bring this note to the main office before homeroom on the day of early dismissal.

Early Dismissal Note

Student Name: _____ Grade 5th 6th 7th 8th

Will be picked up at ____:____ on _____ (date)

Name of the person picking up your child _____

Reason for dismissal:

____ Doctor/Dentist/Orthodontist

____ Family Matter

____ Sports/Student Activity

____ Leaving on a trip

____ Other _____

Parent/Guardian Signature _____ Date _____

Bring this note to the main office before homeroom on the day of early dismissal.