

EARLY DISMISSAL NOTE

STUDENT NAME: _____ Date _____

GRADE/POD _____ HOMEROOM TEACHER _____

I will be picking up my daughter/son at _____:_____ on _____

REASON FOR DISMISSAL

_____Sickness _____Discipline Action

_____Doctor/Dentist/Orthodontist Appointment

_____Family Matter _____Leaving on a Trip

_____Sports/Student Activity

_____Other, _____

PARENT SIGNATURE: _____

EARLY DISMISSAL SLIP

Date _____ Student Name _____

Homeroom Teacher _____

Reason _____

PLEASE ALLOW STUDENT TO LEAVE CLASSROOM AT _____: _____

Homeroom Teacher Signature _____