

Early Dismissal Note

(ONLY PEN TO FILL THIS FORM)

Student's first & last name

Grade

Will leave on _____
Date (mm/dd/yy)

at _____
time leaving class

Because he/she will _____
Reason for absence (if due to court/medical/dentist proof required next day)

Parent/Legal Guardian Signature

Parent/Legal Guardian Full Name

Early Dismissal Note

(ONLY PEN TO FILL THIS FORM)

Student's first & last name

Grade

Will leave on _____
Date (mm/dd/yy)

at _____
time leaving class

Because he/she will _____
Reason for absence (if due to court/medical/dentist proof required next day)

Parent/Legal Guardian Signature

Parent/Legal Guardian Full Name