



EARLY DISMISSAL REQUEST FORM

STUDENT INFORMATION:

Student Full Name: _____

Grade: _____

Homeroom Teacher: _____

DISMISSAL DETAILS:

Date of Early Dismissal: ____ / ____ / ____

Time of Pickup: _____ AM / PM

Reason for Early Dismissal:

☐ Medical Appointment

☐ Family Emergency

☐ Personal Reason

☐ Other: _____

INFORMATION:

Name of Person Picking Up Student: _____

Relationship to Student: _____

Contact Number: _____

*Note: The individual picking up the student must present valid photo identification and be listed on the authorized pickup list on file with the school.

PARENT/GUARDIAN ACKNOWLEDGMENT

I understand that early dismissals may impact my child's academic performance. I affirm that this request is necessary and agree to comply with the school's early dismissal policy.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

☐ ID Verified

Approved by: _____

Time Released: _____ AM / PM

Staff Initials: _____