



Office of the Assistant Principal for Student Life

OFFICIAL REQUEST FORM FOR EARLY DISMISSAL

Please return this form to Ms. Maggie Markmann in the Assistant Principal for Student Life Office, Room 115

Student Name: _____ ID#: _____

Date of Early Dismissal: _____ Time of Dismissal: _____

Time of Return to School: _____

Reason: _____

Leaving with Parent/Guardian (select one): Yes No

Dismissed student driving (select one): Yes No

Leaving with someone other than Parent/Guardian:

Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Phones:

Home: _____ Work: _____ Cell: _____