

EARLY DISMISSAL NOTE

Student, bring this note to the main office before homeroom on the day of dismissal

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

Will be picked up at _____ AM/PM on _____ (date)

Person who will pick up your child: _____

(Must be in Power School or on Blue Card with permission, please check.)

Reason for dismissal:

_____ Doctor/Dentist/Orthodontist

_____ Trip

_____ Student Activity

_____ Other

Parent/Guardian Signature: _____