

SENIOR EARLY DISMISSAL REQUEST FORM

Dear Parents/Guardians:

Your child, _____, is not currently scheduled for afternoon classes.

At your request, we are willing to allow him/her to have an early dismissal during those unscheduled periods. We reserve the right to revoke permission if the following conditions are not met:

1. S/he must return this completed form and have a parent/guardian call the school to verify his/her signature.
2. S/he does not present staff members with disciplinary problems.
3. S/he is compliant with all academic requirements for participation in school activities.
4. There is not a schedule change that requires him/her to stay through the day.

Students are required to complete a minimum four (4) hour school day and may not leave before period 5. The start times are as follows:

Period 5: 11:48

Period 5B: 12:33

Period 6: 12:54

Requested Period for Early Dismissal: (if scheduled for class period 6 – place “X”)

First Trimester		Second Trimester		Third Trimester	
M1	M2	M3	M4	M5	M6

All schedules will be reviewed by the Administration prior to approval.

The signatures that appear below indicate that all parties are in agreement with the conditions of this document. You will receive a copy of this letter indicating administrative approval or denial.

Date: _____ Work/Cell Telephone: _____

Student's Signature: _____

Parent/Guardian's Signature: _____

Note: The parent/guardian must call the high school at 245-6355 to confirm their signature.

Sincerely,

Cynthia L. Schneider
Assistant Principal

Brian Bodner
Assistant Principal