Early Dismissal Form

Student Name ____________________________ Grade _____

Date of Early Dismissal _________________ Time of Early Dismissal _________________

Please check the reason for Early Dismissal:

☐ Doctor’s Appointment ☐ Eye Appointment
☐ College Visitation ☐ Funeral
☐ Dentist Appointment ☐ Other ____________________________

Doctor’s Name & Phone # ____________________________

Parent/Guardian: ____________________________ Phone no. ____________________________

Email completed form to your school attendance office:
Beaver Creek BC_Attendance@dasd.org
Bradford Heights BH_Attendance@dasd.org
Brandywine Wallace BW_Attendance@dasd.org
East Ward EW_Attendance@dasd.org
Lionville Elementary LE_Attendance@dasd.org
Pickering Valley PV_Attendance@dasd.org
Shamona Creek SC_Attendance@dasd.org
Springton Manor SM_Attendance@dasd.org
Uwchlan Hills UH_Attendance@dasd.org
West Bradford WB_Attendance@dasd.org
Marsh Creek Sixth Grade Center MC_Attendance@dasd.org
Lionville Middle School LM_Attendance@dasd.org
Downingtown Middle School DM_Attendance@dasd.org
East DE_Attendance@dasd.org
West DWAttendance@dasd.org
STEM STEMAAttendance@dasd.org