PACE SCHOOL –STUDENT EARLY DISMISSAL REQUEST

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Room #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher’s Name:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Date of Request:</td>
<td>Time of Early Dismissal:</td>
</tr>
<tr>
<td>Reason for Early Dismissal:</td>
<td>check one or indicate reason in space provided below</td>
</tr>
<tr>
<td>□ Doctor Appointment</td>
<td>□ Dentist Appointment</td>
</tr>
<tr>
<td>□ Death in Family</td>
<td>□ Religious Holiday</td>
</tr>
<tr>
<td>Name of Doctor, Dentist, Etc.:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

My child will be signed out by someone other than the parent: □ YES □ NO
Name of person who will be signing the student out: (photo ID required)
Daytime telephone number to verify early dismissal:
Parent/Guardian Signature:

PARENT/GUARDIAN: STUDENTS MUST BE PICKED UP AT FRONT DESK AND PHOTO IDENTIFICATION WILL BE REQUIRED.
OFFICE USE ONLY: □ Excused □ Unexcused Date Received: Received by: