CALEY ELEMENTARY SCHOOL

TARDY / EARLY DISMISSAL SLIP

*If your student is missing any part of the school day please complete this form to have their time excused.

*Submit this form OR email teacher, tthornton@umasd.org and pbianco@umasd.org

Please excuse: _____
(Student First & Last Name)

On the following date: _____
(excuse date)

For their: ☐ Lateness Arrival Time: _____

☐ Early Dismissal **@** _____
(time)

Returning after appointment: Y / N

If anyone other than a parent is picking up please provide their name: _____

Reason: ☐ Illness

☐ Doctor Appointment / Dentist (circle one)

☐ Other: _____
(may not be excusable)

_____ _____
Parent Signature **Date**

OFFICE ONLY

Time In: _____ Time Out: _____ Returned: _____

Code: _____