

SAHS EARLY DISMISSAL FORM

This form must be turned into the Attendance Office **BEFORE** school starts. The student will be given a dismissal pass with the time they are allowed to leave class.

_____, _____, _____
(Student name – please print) (Grade) (Student ID#)

Will need to be released early from school on _____ at _____ because of
(Date) (Time)

(Reason)

Will be checked out by _____.

Will drive themselves and I can be reached at this phone number for verification _____.

I understand my child may be checked out only by the adult listed and that ID is required. I also understand no students will be dismissed after 3:15 pm on Monday, Tuesday, Thursday, and Friday, and no students will be dismissed after 2:15 pm on early release Wednesday.

(Parent/Guardian Name – please print)

(Parent/Guardian Signature)

OR Student Driver:

Student will be driving himself/herself to said destination. I understand the policy requires someone from the Attendance Office to call me and reconfirm that my child has permission to leave the school campus.

(Parent/Guardian Name – please print)

(Parent/Guardian Signature)