This form should be taken to the office.
Parents/Guardians must come to the office to sign students out.

STUDENT: ____________________________________________
(Student’s first and last name, please print clearly)

DATE: ________/_______/________

Check Applicable Box Below:

☐ Is late to school due to: ____________________________________________

Requests an early dismissal and will be picked up by: ________________________
at _______ AM/PM due to ____________________________________________.

☐ Is returning to school after an absence of ___________ days due to ________________

(Please provide specific illness/symptoms such as flu, nausea, ________.

DATES OF ABSENCE(S):

__________________________________________

___________________________
Parent/Guardian Signature

__________________________________________
(Daytime Phone numbers to reach parent/guardian for verification of early
dismissals or if the school has questions.)