

PACE SCHOOL –STUDENT EARLY DISMISSAL REQUEST	
Student's Name:	Room #:
Teacher's Name:	Grade:
Date of Request:	Time of Early Dismissal:
Reason for Early Dismissal: <i>check one or indicate reason in space provided below</i>	
<input type="checkbox"/> Doctor Appointment <input type="checkbox"/> Dentist Appointment <input type="checkbox"/> Legal Appointment	
<input type="checkbox"/> Death in Family <input type="checkbox"/> Religious Holiday	
Name of Doctor, Dentist, Etc.:	Telephone:
My child will be signed out by someone other than the parent: <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>MUST</u> BE PICKED UP AT FRONT DESK AND PHOTO IDENTIFICATION WILL BE REQUIRED.	
OFFICE USE ONLY: <input type="checkbox"/> Excused <input type="checkbox"/> Unexcused Date Received:	Received by:

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