



12893 Kaufman Ave, Harville, OH 44632

330-877-2049

## Elementary Early Dismissal Request Form

An early dismissal request form should be completed and given to the Elementary Office Receptionist, or the student's teacher, in the morning for processing.

**Please refer to the Elementary Parent/ Student Handbook for further information related to early dismissal requests and the excused/ unexcused absence policy.**

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Early Dismissal Time: \_\_\_\_\_ Returning: ☐ Yes ☐ No

☐ Medical Appointment (provide documentation following the appointment)

☐ Other Reason: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Thank you for your partnership with our school regarding our attendance policy.

**Office Use Only:**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_ Pass Issued: \_\_\_\_\_