

AQUINAS INSTITUTE - PARENTAL REQUEST FOR EARLY DISMISSAL

Student Name: _____ **ID #** _____ **Date:** _____

Reason for Dismissal: (circle one) Dr. appt. Dental appt. Personal appt. Other (please specify below)

Time of Dismissal (Please include enough time for students to retrieve belongings and sign out.) _____

Method of Departure from School: (circle one) Parental Pick-up Driving Self Walking Taking Bus

If other than above, please specify: _____

Name of Person Picking Up Student: _____ **Relationship to Student:** _____

_____ Student will return after appt. (approx. time _____) _____ Student will NOT return after appt.

If the student named above is driving self and transporting others, please list the names of those being transported:

A Parent/guardian will be contacted directly by the attendance office to verify the notes of any student signing themselves out.

Parent Signature: _____ **Date:** _____

Contact number(s) regarding this note: _____ **or** _____

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