DALLAS SCHOOL DISTRICT

Early Dismissal Form

2000 Conyngham Avenue, Dallas, PA 18612

Students Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone Number: _____

Date of Early Dismissal: _____ Time of Early Dismissal: _____

Name of Person Picking up Student: _____

Reason for Early Dismissal:

- ☐ Medical/Dental Appointment
- ☐ Family Emergency
- ☐ Illness
- ☐ Educational Travel
- ☐ Government Activity
- ☐ Religious Holiday
- ☐ School Activity

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