

Hughesville Junior/Senior High School

## EARLY DISMISSAL REQUEST

Date \_\_\_\_\_ Dismissal Time \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Reason \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

Return Signature \_\_\_\_\_  
(Doctor, dentist, lawyer, parent, etc.)

Students must return signed early dismissal form to the office  
or attendance office when the student returns to school.

School Official Check ~  Excused  Unexcused