

KENSTON HIGH SCHOOL EARLY DISMISSAL REQUEST

Date _____

Student Name _____ Grade _____

Parent/Guardian Name _____

Phone No./Home _____ Phone No./Work _____

Reason _____

Time Leaving _____ Time Returning _____

Date of E.D. _____ Verified By _____

If this is a medical appointment: Doctor's Name _____ Phone No. _____

SIGN OUT-before you leave (in Attendance Office) SIGN IN-when you return

Parent/Guardian contact will be made to verify reason, date and times. Early dismissals may be granted for reasons as stated in the Student Handbook - page 12. Excessive early release requests can be denied if reasons for the request are not consistent with medical or emergency reasons. The Administration reserves the right to request twenty-four hour (24) notice for approval of an early dismissal. Early dismissals may be excused or unexcused absences from class.

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