Absence / Early Dismissal Form

My Child ____________________________________________________________ Grade/Section: __________________________
(Please print student’s full name)

☐ Absent all day on __________________
   Date(s)

☐ Request dismissal early at _________ on _____________
   Time                        Date

Reason of early dismissal or absence:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Parent Signature: ________________________________ Date: __________________________

Please provide the completed form to the supervisor on the day of early dismissal or the day student returns to school after absence.

For any illness/medical excuse please attach medical report if available.

NOTE: If the student is absent for an exam, a make-up test will only be given in the case a medical/doctors report is attached.