

Rachel Carson Middle School Early Dismissal Request

Do Not Email this Form -
PRINT this form and send in to the front office
in the morning with your student

If your student will be picked up early for an appointment:

Please send them to the front office in the morning with this note stating the time and reason for the dismissal.

Students will be given a pass to leave class and meet parents in the office. Parents should come to entrance #1, to the main office, with a photo ID to pick up their student for early dismissals.

Date of Early Dismissal: _____ Requested Dismissal Time _____

Reason for Early Dismissal: _____

Student Name: _____ Grade: _____

If the person picking up your child is not the parent or legal guardian, or is not otherwise authorized by the parent or guardian via the Emergency Care Form, your signature on this form will indicate your consent to release the student to this person.

(Signature of parent / guardian or authorized person)

(Print name of parent/guardian or authorized person)

Telephone Number _____