

Rachel Carson Middle School Early Dismissal Request

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 _____