**EARLY RELEASE REQUEST**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

PRINT  *First*  *Last M.I.*

Pick Up Time \_\_\_\_\_\_\_\_\_ AM / PM Will student be returning today? Yes / No Grade: \_\_\_\_

Reason for early release:

\_\_\_\_\_ Doctor/Dental Appointment *\*please remember to submit a doctor’s note upon return*

\_\_\_\_\_ Personal *(unexcused)*

\_\_\_\_\_ Religious \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please specify type of event. Only holidays listed on the inter-faith calendar will be excused*

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please specify reason. Some requests will be unexcused. Documentation may be required.*

Name of Person picking up student: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EARLY RELEASE REQUEST**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

PRINT  *First*  *Last M.I.*

Pick Up Time \_\_\_\_\_\_\_\_\_ AM / PM Will student be returning today? Yes / No Grade: \_\_\_\_

Reason for early release:

\_\_\_\_\_ Medical/Dental Appointment *\*please remember to submit a doctor’s note upon return*

\_\_\_\_\_ Personal *(unexcused)*

\_\_\_\_\_ Religious \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please specify reason. Some requests will be unexcused. Documentation may be required.*

Name of Person picking up student: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_