



PERMANENT EARLY DISMISSAL APPLICATION

DATE: _____
 STUDENT NAME: _____ GRADE: _____
 ADDRESS: _____
 SCHOOL DISTRICT OF RESIDENCE: _____
 PARENT/GUARDIAN NAME(S): _____

Mode of transportation (check one):

** Carpool members (if applicable)

- _____ walk to/from school
 - _____ public transportation
 - _____ parent/guardian drives
 - _____ I drive myself
 - _____ carpool **
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Periods of Early Dismissal	Cycle Days		All Year/Semester 1/Semester 2		
_____	1/3	2/4	all year	S1	S2
_____	1/3	2/4	all year	S1	S2
_____	1/3	2/4	all year	S1	S2
_____	1/3	2/4	all year	S1	S2

>>> obtain signatures in the order that they are listed below <<<

Student: _____
 Parent/Guardian: _____
 Director of Transportation: _____ PERMIT # _____
 Artistic Director: _____
 Assistant Principal: _____

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Once you have completed this application, which includes all signatures above, turn this application into the School Counseling Department. Please allow 2-4 school days of processing time. You will be permitted to leave once you have been issued a new schedule that states you have Permanent Early Dismissal. (Office Use ONLY: Completed by: _____ Date: _____)