



321East 3rd Street, Bethlehem, PA 18015 phone (610) 868-2971 | fax (610) 868-1446

## PERMANENT EARLY DISMISSAL APPLICATION

Student Name:								Grad	de: [	Oate:	
Pa	rent	(s)/	Gua	rdian(s): _							
Sc	hool	Dis	trict	of Reside	ence:						
Mode of Transportation (check one):								**	** Carpool members (If Applicable)		
Walk/Bike to and from School 1.								1			
Public Transportation 2.								2			
Driven by Parent/Guardian 3.							3				
I Drive Myself 4.							4				
		Ca	rpod	ol **				5			
Periods of Early Dismissal					al Cycle	Cycle Days		All Year/Semester 1/			
4	5	6	7	8	1/3	2/4	All Year	S1	S2		
4	5	6	7	8	1/3	2/4	All Year	<b>S</b> 1	S2		
4	5	6	7	8	1/3	2/4	All Year	<b>S</b> 1	S2		
4	5	6	7	8	1/3	2/4	All Year	S1	S2		
<u>OI</u>	<u>STAI</u>	N SI	<u>GNA</u>	TURES IN	THE ORDER T	HAT THEY A	ARE LISTED BELO	<u>w</u>			
Student:									Date:		
Parent/Guardian:									Date:		
Director of Transportation:									Date:		
		Pe	rmit	: #:							
Artistic Director:									Date:		
As	Assistant Principal:								Date:		
>>	>>>	>>>	·>>>	>>>>>	·>>>>>>	>>>>>>	>>>>>	<<<<<	.<<<<<<		
Cc	uns	eling	De	partment	. Please allow	2-4 school		ing time. Y	ou will be permi	application into the Schoo tted to leave once you have	
Office Use ONLY Confirmed with Parent by:									Date:		
Completed By:									Date:		