

Senior Early Dismissal Form (Return to High School Office)

Student's Name _____

Attach your work/intern/college schedule to this form.

Attach your school schedule to this form.

I would like permission to leave school at _____ in order to: (check whatever applies)
(what time)

_____ **Employment**

Employer's Name _____

Employer's Phone Number and e-mail _____

Attach copy of work schedule

_____ **College classes at a local college**

Attach college schedule

_____ **Perform community service**

Agency or Person you are working with _____

Phone number/ e-mail of contact _____

Attach copy of community service schedule copy

_____ **Internship**

Agency or contact name _____

Phone number and e-mail _____

Attach a copy of internship schedule

You will receive permission to leave early once the information you have provided has been verified. The permission is valid unless the information changes. Please note that your employer, agency, or contact person will be called several times throughout the school year to ensure that the information provided is still accurate.

Attach a copy of your class schedule to this permission.

Student Signature _____

Parent Signature _____

Employer's Signature _____

Principal's signed approval _____

Date _____