

NATIVITY OF OUR LORD SCHOOL

215-675-2820 Fax 215-675-9413

EARLY DISMISSAL FORM

Please send in this form on the day of the anticipated Early Dismissal to the attention of your child's teacher.

Parents may also Fax this completed form to the school office.

*Parents/Guardians scheduled to pick student up **must** come to the School Office to sign out the student.*

No Parent/Guardian is permitted to go directly to the classroom for their student. Students will be sent to the office at the appropriate time by their teacher.

Student Name: _____ Grade _____ Homeroom _____

Date of Early Dismissal: _____ Time of pickup in the school office: _____

Reason for Early dismissal: _____

Verification Phone # of Parent/Guardian: _____

Name of person picking up student other than parent: _____

ID will be required to be presented to school personnel

Signature of Parent/Guardian: _____ Date _____

Will student be returning to school?: YES NO Approximate time of return: _____

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