
KISKI AREA HIGH SCHOOL EARLY DISMISSAL FORM

I respectfully request that _____ be dismissed from school on _____
Student's Name (first,last) Homeroom

_____ at _____ for _____
Date Time Brief Reason

He/she will be picked up by _____
Name (first, last) of Person Picking up Student and Relationship to Student

Parent's Name (printed) Signature Daytime Phone Number

_____ will return to school
_____ will not return to school
_____ unsure of return

Student **MUST** report to the Attendance Office before leaving building. In order for your early dismissal to be approved as excused, you must present written documentation on official stationary from the appointment attended (i.e. doctor, dentist, court, funeral, etc) to the Attendance Office upon return to school. Failure to produce the necessary documentation **IMMEDIATELY** upon return will result in an unexcused absence from the classes missed.

PLEASE NOTE: Person Picking up Student must present his/herself to the Attendance Secretary for signature before student will be dismissed from the school.

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