

A.W. BEATTIE CAREER CENTER

EARLY DISMISSAL REQUEST

Date: _____ 20____

Program: _____ AM PM

Student's Name: _____
(first & last)

Time of Dismissal: _____

Reason for Dismissal: _____

Person Picking up Student: _____
(first & last)

Relationship: _____

Contact Phone Number of Parent/Guardian: _____

Parent Signature: _____

Student **MUST** report to the School Office before leaving the building.
NO student will be released on an early dismissal without the School Office first verifying written information with a parent/guardian by phone.