

**DEER LAKES MIDDLE SCHOOL
PARENTAL REQUEST FOR STUDENT EARLY DISMISSAL**

Student must hand this to the MAIN OFFICE by no later than **7:59 AM**.

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|--|---|--------------------------|
| Student's first & last name: _____ | | Grade: _____ |
| The student listed above needs an early dismissal from school on: _____ at _____ | | _____ |
| <i>Insert date above</i> | | <i>Insert time above</i> |
| DLSD policy requires an explanation from the Parent/Guardian for the student's early dismissal. Please check one below: | | |
| <input type="checkbox"/> Doctor/Medical/Dental/Orthodontist/Eye dr. appt. <i>please circle one</i> | NOTE: A doctor/medical/dental/eye excuse must be turned in within 3 days of the student's return or the early dismissal will be unlawful. | |
| <input type="checkbox"/> Court hearing / Legal meeting | NOTE: A court document or a copy of a subpoena must be turned in within 3 days of the student's return | |
| <input type="checkbox"/> Funeral | Relationship to student: _____ | |
| <input type="checkbox"/> Vacation/Family trip | NOTE: If student will be absent for more than one day, they must also complete an Educ/Trip/Vac. form | |
| <input type="checkbox"/> Other - YOU MUST EXPLAIN: → | _____ | |
| First & last name of the person picking the student up: _____ | | _____ |
| NOTE: Anyone picking up a student <u>MUST</u> show a driver's license in to the camera located where you buzz in. | | |
| SIGNATURE OF PARENT/GUARDIAN _____ | | DATE _____ |