Allen D. Nease High School
Early Dismissal Form

This form must be submitted to the main office BEFORE the start of school. The student needs to report to the front office at the requested check out time.

__________________________  __________________________
Grade                      Student ID#

__________________________
Student Name – PLEASE PRINT – No Nicknames

needs to be released from school on ______________ at ___________,
(date) (time)

because of __________________________________________
(brief explanation)

and will be checked out by (choose one below):

A. Name of Pick Up Person: ______________________________ (Please print)

**Note: A student will NOT be released for Early Dismissal to leave campus with another student, unless the student is a sibling.

B. Parent/Guardian Permission for student to drive self: YES ☐ NO ☐

I understand my student may be checked out by the adult or sibling listed. I am also aware the procedure is to go to the Front Office to sign the student out and a valid State or Federal photo ID is required.

__________________________
Parent/Guardian Name – Please Print

__________________________
Parent/Guardian Signature

__________________________  ______________
Parent/Guardian Phone #     Today’s Date

Updated 8/15/18 - HC