## STUDENT EARLY DISMISSAL

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Date:	Date:
Name:	Name:
has permission to leave school at:	has permission to leave school at:
Reason:	Reason:
Authorization:	Authorization:
<b>NOTE:</b> If you return to school during the day, you must sign in at the Student Services office. Please bring medical excuses in to be documented for attendance.	<b>NOTE:</b> If you return to school during the day, you must sign in at the Student Services office. Please bring medical excuses in to be documented for attendance.
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