

# EARLY DISMISSAL

**Please Print**

Student's Full Legal Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Early Dismissal: \_\_\_\_\_

***No Early Dismissals after 2:45pm***

**Will Student be PICKED-UP?** \_\_\_\_\_

**By Whom?** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

*Is this person on the family/emergency contact list in their school record/Parentvue?*

**Will Student be Driving?** \_\_\_\_\_

**Reason for leaving school early:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

*A phone call will be made to the parent to verify all students driving off campus*

Verified: \_\_\_\_\_

**All Early Dismissals must be in writing, no phone calls will be accepted.**

**Students may be checked-out any day by 2:45pm in person.**

**Fax 678-331-8128 Phone: 678-331-3961 ext. 095**

**Or email [Lisa.daves@cobbk12.org](mailto:Lisa.daves@cobbk12.org)**