

Request for Early Departure

Name: _____

Date: _____

Requested time of departure: _____

Time of arrival (if returning): _____

Reason:

Name of teacher or educational assistant who will supervise your class:

***(Please check with the person before hand to make sure that there will be no conflicts.)*

Signature of Principal: _____

Date: _____

***** Note: More than two hours of missed time constitutes one- half day of absence.**

Office use only:

Time to be charged for absence: _____

Teacher's/Educational Assistant's/Staff Signature: _____