

## EARLY DISMISSAL

### Please Print

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

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

**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?* \_\_\_\_\_

**Will Student be DRIVING?** \_\_\_\_\_

**Reason for Leaving School Early:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

Parent/Guardian Phone #: \_\_\_\_\_

*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.morrow@cobbk12.org](mailto:Lisa.morrow@cobbk12.org)**