



SACRED HEART HIGH SCHOOL

Accredited by Middle States Association of Colleges and Schools

REQUEST FOR EARLY DISMISSAL

Date of Request: _____

Student Name: _____

Grade: _____

Date(s) Of Early Dismissal: _____

Reason For Early Dismissal:

Doctor's Name: _____

**Students leaving early for a doctor's appointment must return to school with a doctor's note.*

Parent/Guardian Signature: _____

Parent/Guardian Name: _____