



SEVERN RIVER MIDDLE SCHOOL EARLY DISMISSAL NOTE

Student's Full Name: _____

Date: _____ Student's Grade: _____

Reason for Early Dismissal (Include Time Leaving): _____

If not the parent or legal guardian,
who is picking the student up from school? _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Daytime Contact Number: _____

STUDENT: BRING THIS NOTE TO THE TARDY TABLE OR OFFICE BEFORE FIRST PERIOD TO OBTAIN AN EARLY DISMISSAL PASS



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