

**Archbishop Ryan High School
Request for Early Dismissal**

**This form MUST be submitted to the Office of Student Services BEFORE
HOMEROOM on the day of the request.**

Date: _____ Student # _____

Name: _____ Section: _____

Date of Dismissal: _____ Time of Dismissal: _____

Reason: _____

Students MUST be picked up in the Office of Student Services.

Parent's Signature

Student's Signature

*I give my Child permission to drive home.

Parent's Signature

Student's Signature

Phone Number

*Please print and complete this form and have the student submit it to the
Office of Student Services BEFORE HOMEROOM on the day of the requested
dismissal.

*Failure to follow these procedures will result in a penalty of demerits for
irresponsibility.