

PERMISSION FOR PUPIL(S) TO MISS TIME FROM ACADEMIC PROGRAM

School Name _____ Date of Request _____

As principal, I request the following pupil (s) be dismissed from academic classes:

(Attach list if necessary)

on _____ for the purpose of _____
class dismissal date (s)

These students **WILL** **WILL NOT** be absent overnight from their home.
(Circle one)

If absent, they will be staying at this location:

Facility Name

Telephone Number

Street Address

City

State

Zip Code

Permission Granted

(Circle One)

Principal's Signature

Permission Denied

Nurse's Signature

Director of Schools

Date

Copies:

**Records
School**