



ARCHBISHOP HANNAN HIGH SCHOOL TARDY/EARLY DISMISSAL FORM

Instructions: The student must bring this note, signed by a parent/guardian, to the Attendance Office between 7:15 and 8:00 on the day he or she is requesting an early dismissal or immediately upon arriving tardy at school. Whether or not a student's absence from class is excused or unexcused will depend on the reasons leading to the tardy/early dismissal and the documentation provided. For more details regarding the school's tardy, absence, and early dismissal requirements and policies please refer to the *Student-Parent Handbook*.

PARENT NAME:		DATE:	
---------------------	--	--------------	--

STUDENT NAME:		GRADE	
----------------------	--	--------------	--

CLASS BLOCK(S) MISSED	1st ____ 2nd ____ 3rd ____ Lunch ____ 4th ____ 5th ____
----------------------------------	---

EARLY DISMISSAL DATE		DISMISSAL TIME	
---------------------------------	--	---------------------------	--

REASON FOR TARDY / EARLY DISMISSAL:	____ Medical/Dental Appointment** ____ Student Illness/Injury ____ Other (Provide detail below) ____ Death/Funeral Immediate Family ** Proof of appointment from the doctor's office is required.
--	--

EXPLANATION: (Please provide specific nature of illness or other reason for tardy or early dismissal.)	<hr/> <hr/> <hr/>
--	-------------------

PARENT SIGNATURE:	
	Date:

ATTENDANCE OFFICE USE ONLY	
RECEIVED: _____	VERIFIED: _____
EXCUSED ABSENCE: _____	UNEXCUSED ABSENCE: _____