

**ROCHESTER AREA SCHOOL DISTRICT
EARLY DISMISSAL REQUEST**

_____, a student in the
_____ elementary _____ middle/high school (check one) Grade _____
has an early dismissal request scheduled for _____ at _____

The early dismissal is for: _____

Please list the physician's name and telephone number for verification:

Doctor's name: _____

Telephone number: _____

Signature of Parent/Guardian: _____

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