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**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

\_(Date) \_\_\_\_\_ at \_\_\_\_\_(Time)\_\_\_\_\_

The early dismissal is for:

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

Doctor's name:

\_\_\_\_\_  
Telephone number:

\_\_\_\_\_  
High School Secretary Can Not Accept Telephone Calls for an Early Dismissal.

Signature of Parent/Guardian

\_\_\_\_\_