



**Pawling High School
30 Wagner Road
Pawling, New York 12564**

SENIOR APPLICATION FOR EARLY DISMISSAL 2019-2020

STUDENT NAME _____

I hereby give my son/daughter _____ permission to leave school after _____ period. I understand my child has study halls the rest of the school day.

PARENT: If your child wishes to have their early dismissal approved by the 1st day of school, please return this form to the School Counseling Office no later than AUGUST 28th. AFTER THIS DATE IT WILL TAKE 48 HOURS FOR THIS FORM TO BE APPROVED. ALL FORMS HAVE TO HAVE PARENT APPROVAL BY PHONE.

Parent Signature

I understand if my son/daughter is failing a course/courses, the early dismissal will be revoked and an academic study hall will be assigned.

I understand if my son/daughter should have I.S.S. (In-School Suspension) the Early Dismissal will be revoked.

Please plan work schedules accordingly if applicable.

Parent Signature

OFFICE USE

PHONE CALL VERIFICATION: DATE OF CALL _____
NAME OF PARENT/GUARDIAN APPROVING FORM _____
INITIALS OF SCHOOL PERSONNEL CALLING _____
SCHOOL COUNSELOR APPROVAL _____
PRINCIPAL APPROVAL _____ DATE _____