

Teacher's Initials \_\_\_\_\_

DALLASTOWN AREA SCHOOL DISTRICT

Request for Dismissal for a Professional Appointment

Please give this completed note to the homeroom teacher who will forward it to the building secretary in the school office. Students should be met at and report to the building office.

Name of Pupil \_\_\_\_\_

Name of Homeroom Teacher \_\_\_\_\_

Name of Doctor or Dentist (circle one) \_\_\_\_\_

Time of Appointment \_\_\_\_\_  
Month Day Year Hour

Time pupil should leave school \_\_\_\_\_ o'clock.

Time pupil should return to school \_\_\_\_\_ o'clock.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Parent or Guardian