

KELLENBERG MEMORIAL HIGH SCHOOL
Uniondale, New York 11553

EARLY DISMISSAL NOTE
(Please print)

STUDENT NAME: _____ Homeroom: _____

DATE ISSUED: _____ RETURN DATE: _____

TIME: _____

REASON FOR EARLY
DISMISSAL: _____

Who will meet the child? _____

Parent/Guardian Signature _____

Student will sign out and meet you at General Office.