

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: \_\_\_\_\_

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Who will meet the child? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Student will sign out and meet you at General Office.