

**\*\*\*\* DISMISSAL REQUEST \*\*\*\***

***Notre Dame Student, present this form in the school office  
BEFORE 8:00 a.m. HOMEROOM on the day of appointment or day(s) prior to the appointment.***

\_\_\_\_\_  
(Today's date)

Please dismiss my **SON / DAUGHTER,** \_\_\_\_\_,  
(Circle one) (First Name) (Last Name)

at \_\_\_\_\_ a.m. / p.m. for a \_\_\_\_\_ a.m. / p.m. appointment  
(Time student must leave classroom) (Time of appointment)

with \_\_\_\_\_ on \_\_\_\_\_.  
(Name of physician, orthodontist, counselor, physical therapist, etc.) (Date of appointment)

**HE / SHE** **WILL** **WILL NOT** return to school after the appointment.  
(Circle one) (Circle one)

\_\_\_\_\_  
(SIGNATURE of parent/ guardian) (PRINTED NAME of parent/guardian)

This form is available on [www.notredamehighschool.org](http://www.notredamehighschool.org) under School Info tab → Student Handbook menu.

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