



Bishop Moore Catholic HIGH SCHOOL

EARLY DISMISSAL REQUEST

Please submit to the Attendance Office before 7:40AM on day of early dismissal request.

Please Print:

Student's Name: _____

Grade: 9 10 11 12

Parent's Name: _____

Phone Number: (____) _____

Will your student return to school (Circle One): Y N

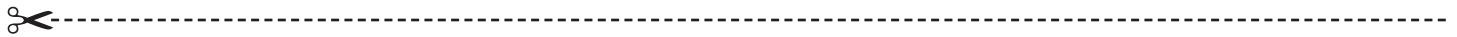
Date and Time of Early Dismissal:

Reason for Early Dismissal

Please provide a detailed explanation for your request.

Signature of Parent of Guardian: _____

Rev: August 14, 2024



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