

# Bethlehem Catholic High School

Bethlehem, Pennsylvania

## EARLY DISMISSAL REQUEST

To: Student Affairs Office, Room 115

Student's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Time of Dismissal: \_\_\_\_\_ AM/PM

Reason for early dismissal:

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Student will return to School:

Yes

No

\_\_\_\_\_  
*Signature of Parent/Guardian*