

FORM 2 (PLEASE SUBMIT TO THE OFFICE FIRST THING IN THE MORNING AND GET A PINK SLIP FOR YOUR CHILD TO GET OUT OF SCHOOL EARLY)

EARLY DISMISSAL NOTE

(Date)

MRS. KELLY,

PLEASE ALLOW MY CHILD _____ TO LEAVE AT
_____ TODAY.

REASON _____

(Parent/Guardian Signature)

Susan Kelly
P: 604-521-1801 Ext 128
F: 604-520-0725
susan.kelly@stmc.bc.ca