



EDGEWATER HIGH SCHOOL

Early Dismissal Request

Please submit to Attendance before 7:20 am the day early dismissal is requested.

Please Print:

Student Name: _____

Grade: 9 10 11 12

Parent's Name: _____

Phone Number: _____

Student ID #: _____

Date of Early Dismissal: _____

Time: _____

Will your student return to school (Circle One): Yes No

Student Transportation Method (Circle One): Walk

Drive

EHS parking decal # _____

Reason for Early Dismissal (required):

Please provide a detailed explanation for your request:

Signature of Parent or Guardian: _____

Once the form is completed, place your Driver's License in the box provided, take a picture of this note, and email the image to: edgewater_hs@ocps.net

Place Driver's License here.