

St. Mary's School
4 Myrtle Street
Melrose, MA 02176

DISMISSAL SLIP

Date: _____

Name of Student: _____ Homeroom _____

will be dismissed on _____
Month Day(s) Year

at _____ o'clock.

The reason for this dismissal is

Signature of Parent/Guardian: _____

Telephone Number: _____
Home Work

This form is due on the day of the dismissal. No other note is acceptable. When appropriate, a Doctor's/Dentist's note must accompany a dismissal slip.

Do not write in this space. For office use only. S.N. _____ Date posted _____

