



Hopewell Memorial Junior High  
**Early Dismissal & Medical / Dental Appointments**

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

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

Date / Time of Appointment or Early Dismissal: \_\_\_\_\_

Is this dismissal related to a schedule medical/dental appointment?

Yes

No

Will your child be returning to school following this dismissal?

Yes

No

Parent/Guardian Signature: \_\_\_\_\_

**Attention: This card must be given to the student's homeroom teacher on the morning of the scheduled dismissal.** Please remind your child to notify his/her teacher of the scheduled departure. Parents/Guardians should report to the Jr. High Main Office in advance and sign-out the student. Those with authorization to pick-up the identified child should remain in the Jr. High Main Office. **Please have identification with you at this time.**

**For Physician/Dental Appointments, students are to submit a note, to the main office, verifying the appointment.**