



ACLD Tillotson School

4900 Girard Road
Pittsburgh, PA 15227

Student Early Dismissal Form

Student's Name: _____ Grade: _____

Date & Time of Appointment or Early Dismissal: _____

Is this dismissal related to a scheduled medical/dental appointment? Yes No

Will your child be returning to school following this dismissal? Yes No

Parent/Guardian Signature: _____

Attention: This form 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 Main Office in advance and sign-out their child. Those with authorization to pick-up the identified child should remain in the 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.