

**OCSD 5 HIGH SCHOOL FOR HEALTH PROFESSIONS  
EARLY DISMISSAL/LATE ARRIVAL  
REQUEST**

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone No./Home \_\_\_\_\_ Phone No./Work \_\_\_\_\_

Reason \_\_\_\_\_

Time Arriving for Late Arrival \_\_\_\_\_

Time Leaving for Early Dismissal \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Approved By \_\_\_\_\_

**SIGN IN-when you ARRIVE  
SIGN OUT-before you LEAVE (in Attendance Office)**

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