



IMANI CHRISTIAN ACADEMY

2150 East Hills Drive, Pittsburgh Pa, 15221
(412) 731-7982 | Fax: (412) 731-7343

EARLY DISMISSAL Request Form

STUDENT NAME : _____

GRADE: _____

DATE : _____

DISMISSAL TIME: _____

REASON FOR DISMISSAL:

DOCTOR

DENTIST

SICK

FAMILY EMERGENCY

OTHER: _____

Note: A note from the office where a student is seen for an appointment must be turned in to the main office in order for their early dismissal to be considered "Excused". Please email completed form to: mdanderson@imaniadmin.org

"Students leaving prior to 12 noon will be marked absent.

Students are limited to 1 early dismissal per marking period. 3 early dismissal = 1 Absence" See the Parent Student Handbook for additional information.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian

Date