

REQUIRED

BRENTWOOD ELEMENTARY SCHOOL

REQUEST FOR PERMISSION TO LEAVE SCHOOL

(Complete this form in duplicate)

Please submit this form at least 24 hours prior to scheduled appointments. One copy will be returned to you. The other will be filled in your folder in the office.

Name of Staff Member (please print): _____

Date you want to leave early: _____

Time: _____

Reason for Request:

Date of Application: _____

Signature of Staff Member: _____

Approved: _____ **Not Approved:** _____

Administrator's Signature: _____

Date of Approval/Non-Approval: _____

This is Request #: _____