Mahwah High School
50 Ridge Road
Mahwah, New Jersey 07430

Application for Early Dismissal

Senior students by definition are students who have successfully completed the academic and attendance requirements for 90 course credits. Senior students may have an early dismissal for structured learning experience if they meet the appropriate criteria. In order to participate in the following privilege, students must have cleared all obligations, disciplinary dispositions, and remain in good disciplinary standing.

I am requesting early dismissal for my son/daughter:

Students Name: ____________________________________ Grade: __________

Assigned Parking Space Number: ________________

I understand that early dismissal is a senior privilege which is intended to assist those students who have a study hall the last period(s) of the day and have responsibilities such as structured learning experience, employment, private lessons (music, art, etc.) or other personal obligations.

My son/daughter named above has my permission for early dismissal for the following reason(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Students granted early dismissal privileges are required to remain in school for all scheduled classes during an altered schedule.

I understand that, if granted early dismissal privileges, my child must leave the school premises and not disrupt classes in session while leaving. Students granted these privileges are not permitted to return to school property at the regularly scheduled time of dismissal for any reason without administrative approval. I have discussed this request with my son/daughter and they understand that this is a privilege that can be rescinded on my request, or by the school for a violation of school rules.

Parent/Guardian Signature: ____________________________ Date: __________

Student Signature: ___________________________________________ Date: __________

Parent/Guardian Home Telephone #: ____________________________ Cell: __________

The teacher in charge of SLE will be responsible in directing your student for this endeavor.

Teacher: ___________________________________________ Date: __________

RETURN DIRECTLY TO MR. ROBERT MAC FARRAN

Approved: ____________________________ Date: __________

School Security Officer

Cc: Principal
Assistant Principal

RHM/car