

Daniel Hand High School

286 Green Hill Road, Madison, CT 06443-2299

Barbara J. Britton, Principal
Fran Thompson, Assistant Principal
Daniel Zittoun, Assistant Principal

TRIMESTER EARLY DISMISSAL

Dear Parents:

Your child, _____, is not scheduled for afternoon classes.

At your request, we are willing to allow him/her to have an early dismissal at this time. This privilege is granted to **Seniors** for the **current trimester only, and must be renewed each trimester**. Permission will be revoked unless the following conditions are met by your child:

1. That s/he leave the building and school grounds at the time of the early dismissal.
2. That s/he does not present staff members with disciplinary problems.
3. That s/he is compliant with all academic requirements for participation in school activities.

Students are required to complete a minimum four (4) hour school day. Dismissals will be granted:

After Period 5/6 11:42 a.m. or 11:52 a.m.
After Period 7/8 12:46 p.m. or 12:56 p.m.

All schedules will be reviewed by the Administration prior to approval.

The signatures that appear below indicate that all parties are in agreement with the conditions of this document. **A parent is to call the high school at 245-6355 to confirm the signature.** You will receive a copy of this letter indicating administrative approval or denial.

Requested Time of Dismissal: _____

	T1	T2	T3
	M1 M2	M3 M4	M5 M6


Date _____

Parent's Signature _____

Home Telephone _____ Work Telephone _____

Student's Signature _____

Sincerely,


Daniel Zittoun,
Assistant Principal