



**EARLY DISMISSAL AUTHORISATION SLIP**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Attention to Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

The above named student has permission to leave for (state the reason):

\_\_\_\_\_

With the undersigned parents/guardian who will take full responsibility for the safety and welfare of the above-mentioned student.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

IC Number: \_\_\_\_\_ Colour: \_\_\_\_\_ Authorised by: \_\_\_\_\_