

TUBA CITY HIGH SCHOOL
Request for Dismissal for Class

Name of Student _____	Sponsoring Class/Group of Trip _____
Departure Date: _____	Time: _____
Return Date: _____	Time: _____

Class Period	Teacher	Signature	Approve? No/Yes	Make-up Required	Comments
1 st					
2 nd					
3 rd					
4 th					
5 th					

Sponsor/Chaperones Signature: _____

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