

ALLENDALE PUBLIC SCHOOL DISTRICT  
ALLENDALE, NJ 07401

**DISMISSAL FORM**

I \_\_\_\_\_ will authorize the Allendale Public School District

to dismiss my son/daughter \_\_\_\_\_ who is in \_\_\_\_\_  
Student's Name Grade

to \_\_\_\_\_ / \_\_\_\_\_  
Name of Person Relationship

or \_\_\_\_\_ / \_\_\_\_\_  
Alternate Name Relationship

Every day with the exception of email, fax or written notice from me.

Name of Person Completing Form \_\_\_\_\_

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