

REQUEST FOR EARLY RELEASE OR LATE ARRIVAL



Student Name: _____

Student Grade: 11 12

Early Release: Late Arrival:

Class Periods: 1 2 3 4 5 6 7 8

Semester: 1st 2nd

Student: List reasons you are requesting Early Release or Late Arrival:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

**** By signing this form, you understand that:**

- **EARLY RELEASE:** Students must be OFF campus immediately following student's last class.
- **LATE ARRIVAL:** Students may NOT arrive on campus prior to five (5) minutes before student's first class.

~For Counselor Use Only~

<input type="checkbox"/> Approved	Changes Completed By: _____	Date: _____
<input type="checkbox"/> Denied—Does not meet any reason listed above or (reason): _____		