

**STUDENTS LATE ARRIVAL AND EARLY DISMISSAL**  
**JUNIOR AND SENIORS ONLY**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I am requesting the following: (please list separately)

**( ) Late Arrival**

Period(s) \_\_\_\_\_ Day(s) A B C D \_\_\_\_\_ Semester(s) 1, 2 \_\_\_\_\_

**( ) Early Dismissal**

Period(s) \_\_\_\_\_ Day(s) A B C D \_\_\_\_\_ Semester(s) 1, 2 \_\_\_\_\_

I realize that the above request is a privilege and is subject to the rules established by the administration. The privilege can be revoked at any time.

At the time of early release and/or late arrival, I agree to sign out and/or in with the Attendance Office. I MUST sign in before reporting to class.

I give permission to my child to be released during school hours to arrive late because they have no classes scheduled for that time. Forms should be signed by parent and counselor before being finalized by an administrator. Forms do not go into effect until processed by Guidance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_