

Responsibility Release from School

Foothill High School
4375 Foothill Road
Pleasanton, CA. 94588
(925) 461-6600

Student must be 18 years old. Date of birth: _____

Today's Date: _____ **Student Name:** _____ **ID#:** _____

Parent Name: _____ **Home Phone #** _____
Work phone # _____

Students who wish to excuse themselves need to be aware that this is a privilege. With this responsibility release, the student agrees to excuse himself/herself only when necessary (illness). This privilege will not be used for lunch or "senior cut" days. If the student needs to be excused for any reason other than an illness excuse, a parent phone call is required to excuse their son or daughter.

Student signature: _____

Parent signature: _____ *

- * This will be verified with a Foothill Staff member
 - Return this form to the Attendance office

<p>SCHOOL USE</p> <p>Number of Unresolved absences _____ Number of Excused absences _____ Number of Tardies _____</p> <p>Verified with parent. Parent Name: _____</p> <p>Staff Name: _____</p> <p>Date: _____</p>
