

Jacksonville High School Early Release

Permission Form

Semester _____

Date _____

Class Period _____

Student

I, _____, understand the rules that apply for me to have early release. I agree to follow these rules and understand that if I violate these rules I will lose early release and a class will be placed on my schedule.

- I understand that I will be responsible for my transportation and the school will not be responsible for me after my release time.
- I understand that I will **NOT** be allowed on school grounds during the time that I have been permitted to leave. If administration has to address any loitering, I understand I may be given a class to replace early release.
- I understand that I will **NOT** be permitted to ride the bus home from school.
- I understand that on End of Year exam days and any State/School required testing I will be required to stay for the entire testing.
- I understand I must adhere to the bell schedule during early release, weather delays, or any bell change.
- I understand that if I do not turn in this form **before** the 10th day of school I will be scheduled for a class to replace my early release.

Student Signature _____

Parent

My Child, _____, has permission to leave school after he/she finishes classes for the day. I understand the following rules apply for my child to have early release:

- I understand that I will be responsible for his/her transportation and the school will not be responsible for my child in any way after he/she leaves school.
- I understand that my child will **NOT** be allowed on school grounds during the time that he/she has been permitted to leave.
- I understand that my child will **NOT** be permitted to ride the bus home from school.
- I understand that on End of Year exam days and any State/School required testing my student will be required to stay for the entire testing.
- I understand that my child must adhere to the bell schedule during early release, weather delays, or any bell changes.

I further understand that violation of this agreement will result in this privilege being terminated for my child and a class scheduled in place of the early release.

Address _____ Parent/Guardian Phone # _____

Parent/Legal Guardian Print Name _____

Parent/Legal Guardian Signature _____