OVERNIGHT CHECK-OUT FORM

Special permission may be granted by the GILA Administration for students to stay overnight with immediate family members in Galena. For this to occur the below form must be completed and returned to a Residence Hall Administrator 24 hours in advance.

Permission is given for my student: _____

to be checked out overnight to by: _____

who can be reached at the following number: _____

FOR THE FOLLOWING DATES:

Departure Date: _____ **Time:** _____

Return Date: _____ **Time:** _____

Other Instructions: _____

_____

PLEASE READ AND COMPLETE THE FOLLOWING INFORMATION:

As the parent/legal guardian of _____, I release Galena Interior Learning Academy and Galena City School District from any liability from the time departure from the Residence Hall until return to the Residence Hall. I assume full and total responsibility for my son/daughter's safety during this time.

Should any questions arise, I can be reached at: _____

Please return this form to Galena Interior Learning Academy – Ptarmigan Hall by FAX (907) 656- 2398 or by email to GILALognotes@galenanet.com (if you do not receive a response to your email please call Ptarmigan Hall front desk at (907) 656-2112). Your child not be released for overnight check-out until this document has been signed and is on file in our office. We require a 24 hour advance notice to ensure coordination. Thank you for your time and consideration helping us ensure the safety and wellbeing of your child.

_____ _____

Legal Guardian Signature Relationship

_____ _____

Legal Guardian Printed Name Date

Please call Galena Interior Learning Academy – Ptarmigan Hall at (907) 656-2112 to confirm receipt of this document. The signature of a GILA official is the final step in completion of this release.

_____ _____

Signature of GILA Official Date