



Late Arrival Request

Date: _____

I, _____ (Parent/Guardian) request permission for my child
_____ (Print Student Name) to leave school following their last class, on

Monday-Thursday Friday **OR** Monday Tuesday Wednesday Thursday Friday

at approximately _____ a.m.

Reason: _____

I/We understand that there may be adjustments in the school schedule which will require a student to remain on campus.

We have read the bulletin regarding students early departure from campus, and will comply with those policies.

Student Signature: _____

Print Name: _____

Parent/Guardian Signature: _____

Print Name: _____

Date Signed: _____

Office Use Only

Approvals

Registrar Principal Other

Signature: _____

Date Approved: _____