Late Arrival and/or Early Release Approval Form

Name: ______ Student ID# _____

Date:		Grade Level
Students earning schedule of class		Jackson High School must be enrolled in a full
allow him/her to approved by the cannot be on car	have a shortened schedule. student's parent/guardian ar	t early dismissal and/or late arrival that will Requests for a shortened schedule must be not counselor. Students requesting this option ods. As a result, the student/parent must shool.
	or early release periods must cannot schedule this option in	be scheduled at the beginning or end of your name the middle of your day).
DIRECTIONS Please mark:		
<u>Se</u>	emester 1	Semester 2
Pe Pe Pe Pe	riod 1 riod 2 riod 3 riod 4 riod 5 riod 6 m completing, a PE Waiver and	Period 1 Period 2 Period 3 Period 4 Period 5 Period 6 /or Competency Credit (Check one below)
Stident's Signature:		Date
Parent/Guardian Signature:		Date
Parent/Guardian Email: Counselor Signature:		 Date