

2009-2010

EARLY DISMISSAL REQUEST

PARENTAL AGREEMENT

A request for **an EARLY DISMISSAL** offers additional opportunities for some students of Lake Region Union High School. At the same time, it places greater responsibilities on their shoulders. Students are expected to abide by all the procedures of this request and all other policies and requirements of the school.

I, _____, do understand that procedures and regulations pertaining
(Name of Parent/Legal Guardian)
to a request for an **EARLY DISMISSAL** and hereby authorize my son/daughter _____, to participate in said request. I understand and agree that if my son/daughter is scheduled so that his/her last class ends prior to the official close of the school day, the school staff, administration, and school board shall not be held responsible for his/her supervision while off school property, not for any injuries that might occur to him/her after leaving the school grounds. I will assume full responsibility for him/her when he/she is off school property as permitted by this request for an early dismissal.

I understand that my son/daughter must leave school directly at the end of his/her last scheduled class and not loiter in or about the school building or grounds unless they have specific schoolwork or a meeting to attend. We ask that students who stay beyond the schedules early dismissal inform the office of this. **I also understand and agree that my son/daughter be removed from this privilege if he/she is found to be in need of Academic Support. (Note: Academic Support is defined as being when a student has two or more D's and/or F's. Juniors and seniors who are in need of Academic Support will be assigned to be a supportive study hall and may need to alter early dismissal or late arrival times to accommodate the schedule change.)**

If you have any questions, please contact the Assistant Principal.

(Early Dismissal Days/Periods requested)

(Parent/Legal Guardian Signature)

(Home Telephone Number)

(Date)