RELEASE TIME FORM

Student Name __________________________________________

Person(s) responsible for supervision during release time (parent/guardian):
________________________________________________________________________

School _____________________________ Grade________

Homeroom Teacher___________________________________________

Student will be released from school beginning (date)__________________
and will return (date) ____________________________________________

Describe release time activity____________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By what means will classroom requirements be fulfilled? ______________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent/Guardian_________________________ Date____________

Signature

Approved by: _________________________________ Date________

Principal

Approved by: _________________________________ Date________

Superintendent