

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