

Exam Schedule

Dear Parents/Guardians,

We will begin our upcoming exams on the dates listed below. Please review the schedule with your student and circle the dates they will be taking an exam.

Students are permitted to **leave school at 11:40 after they finish their exam**, with parent/guardian permission. Students may **drive themselves, leave with another student, or be picked up by an approved adult** on the days you select.

Thank you for your support as we finish the semester strong!

Please return the bottom half by Monday 12/15

Student Name:_____

Exam Dates (Circle All That Apply):

- Monday 12/15
- Tuesday 12/16
- Wednesday 12/17
- Thursday 12/18

I give permission for my student to leave school early after completing their exam on the circled dates. My student has permission to (check all that apply):

- ☐ Drive themselves
- ☐ Leave with another student. Student drivers name:_____
- ☐ Be picked up by an approved adult. Adults name:_____

Parent/Guardian Signature:_____

Date:_____