CHECK-OUT PERMISSION FORM

Parents/Guardians: Please complete the form below and attach a copy of your photo ID.
Students may bring the completed form to the attendance office. Emails will NOT be accepted.

**Forms without a photo ID will not be accepted*"

I, _____(Parent/Guardian,
give _____(Student) permission
to check-out _____(date) at _____(time).

The reason for the check-out is the following:

_____Medical Appointment

_____Dental Appointment

_____Other Appointment

_____Other _____

Parent/Guardian Signature: _____