NEWFIELD HIGH SCHOOL EARLY RELEASE FORM FOR SEMESTER 1

PLEASE PRINT

Schedule/Guidance

DO NOT SUBMIT IF YOU ATTEND BOCES

STUDENT #:		GRADE:	
LAS	T NAME:	FIRST NAME:	
	SEMESTER 1:	RELEASE PERIOD	A days
		RELEASE PERIOD	
	Please be advised that Ea	nrly Release is NOT grante	d for "Lab Off" days.
	ENTAL PERMISSION:	=======================================	=======================================
met	reby agree with the above in the hood of transportation from building, he/she cannot ret	school. My child is aware	that once he/she leaves
Parent Signature:		Date:	
Prin	t Parent Name:		
	MINISTRATIVE APPROVAL:		
GRADE ADMINISTRATOR:		EFFECTIVE DATE:	
cc:	Student Attendance Office Grade Level Administrator		