



Request to Leave Study Hall

Child's Name _____

Date: _____ Time Leaving: _____

Recurring Event: Day(s) of week _____ Time: _____ Dates: _____

Destination: _____

I understand that if my child leaves study hall in accordance with this request that the School is not, and will not be, responsible for my child after he/she leaves Study Hall. I further understand that my child will not be supervised by a school employee to ensure that he/she arrives at his/her designated destination. I also understand that it is against school policy for my child to independently return to school grounds once having left, and that the school has no responsibility or supervisory capacity for my child if he/she violates this policy. I am making this request against the advice of the school and am accepting any and all risk resulting from this request, both on my behalf and on behalf of my child.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name