

_____ *Counselor's initials*

Dublin Coffman High School

Senior Early Release/Late Arrival Permission
2021-2021

Student Name _____

Student ID# _____

Parent/Guardian Name _____

Parent/Guardian Cell Phone _____

Parent Email _____

*For the **2021-21** school year, my Senior has permission to schedule **Early Release** (leave after 6th period) or **Late Arrival** (report after 1st period).*

Parent Signature

Date

** Return this form to your counselor if your parent did not sign the schedule card. **