

STUDY HALL RELEASE PARENT AUTHORIZATION FORM

We, _____, are requesting
(Parents names)
that our child _____ be withdrawn from study
(Student name)
hall for the duration of the _____ semester of the _____ school year,
Monday through Friday, during _____ period. In requesting this we understand and
agree to the following conditions:

- (1) We assume full responsibility for our child's behavior and whereabouts during this time.
- (2) We understand that our child **is not to be on campus for the duration of the period.** He or she will leave campus immediately at the end of the preceding class and will return no earlier than 5 minutes before the start of the next class period.
- (3) Sending our child to study hall occasionally is not an option if we are unable to provide care for our child during this time. This is a permanent arrangement for the duration of the semester.

Parent Signature

Date

Student Signature

Date

Admin Signature

Date