

**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that our child \_\_\_\_\_ be withdrawn from study  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

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date