 2020-2021

PARENT AUTHORIZATION AND STUDENT CONTRACT FOR APPROVED RELEASE

We understand and agree that this is a request for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be released from class at Timberline Middle School for:

A DAY B DAY

**Semester 1** 1 2 3 4 5 6 7 8

**Semester 2** 1 2 3 4 5 6 7 8

We also understand that the student may not be on the school grounds during the approved release time, and the parent is responsible for the student’s whereabouts and activities during that time. **Students may be cited for trespassing by police**.

We also understand that the student will not receive credit for the approved release time. This failure to receive credit may have a negative effect on the student’s ability to graduate with his/her class. It may also affect athletic eligibility. Students must be enrolled in 6 credit earning classes during the quarter that eligibility is determined as well as during the season.

We are satisfied that we have received sufficient assistance in making an informed decision about this request and relieve Timberline Middle School of responsibility for the student during this approved release time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student I.D. Number Counselor Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Administrative Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number