

CHECK-OUT PERMISSION FORM

(Print Friendly Version)

Parents/Guardians: Please complete the form below and attach a copy of your photo ID. Students may bring the completed form to the attendance office. Completed forms may also be faxed to the main office (910)483-1679.

****Forms without a photo ID will not be accepted****

I, _____ (Parent/Guardian), give
_____ (Student) permission to check-out
_____ (date) at _____ (time).

The reason for check-out is the following:

_____ Medical Appointment

_____ Dental Appointment

_____ Other Appointment

_____ Other _____

Parent/Guardian Signature: _____