



Santiago High School Late Arrival/Early Dismissal (Seniors Only)

Late Arrival _____
Early Dismissal _____

I.D. Number _____
Semester: 1st _____ 2nd _____

I hereby give my permission for: _____ to be allowed EARLY DISMISSAL/LATE ARRIVAL and will assume responsibility for his/her supervision during this time. I also understand that my student does not earn credits for and can only have **1 period** of LATE ARRIVAL/EARLY DISMISSAL.

PERIOD 1 _____ 5 _____ 6 _____

PLEASE CHECK BELOW YOUR REASON FOR REQUEST:

_____ WORKING _____ ATTENDING COLLEGE PART TIME
_____ OCCUPATIONAL TRAINING _____ OTHER

I understand the student's responsibilities for early dismissal are:

1. The student will be on time for his/her regular classes.
2. The student will arrange for his/her own transportation.
3. The student will NOT BE ON CAMPUS during the time of Early Dismissal/Late Arrival.

I have conferred with a counselor to find out how this program change may affect my son/daughter's status with respect to the following:

1. Meeting the graduation requirement
 - a. Total number of credits necessary
 - b. Minimum competencies must be met (last semester seniors)
2. Honor Roll requirements
3. California Scholarship Federation (CSF) requirements
4. College entrance requirements
5. Athletic eligibility
6. Related student activities (cheerleading, student government, club activities, etc.)

Counselor Use Only	
Credits earned to date:	_____
Credits to be earned 1 st semester:	_____
Credits to be earned 2 nd semester:	_____
Must earn 220 credits to graduate	

Parent Signature _____ Date _____

Counselor Signature _____ Date _____