

James M. Bennett High School

**Early Release Waiver**

JUNIOR/SENIOR ONLY

(Student) \_\_\_\_\_ has been scheduled to attend James M. Bennett High School for the 2020-2021 school year from class period \_\_\_\_ through class period \_\_\_\_\_. She/he must arrive to school by \_\_\_\_\_ and will be released from school at \_\_\_\_\_.

- 1) All students must be out of the building once their last scheduled class has ended. All exits may be used.
- 2) Students may not return to school grounds before 2:45 p.m. for any reason.
- 3) Students who depend on persons to pick them up must have their transportation at school on time.
- 4) Persons who are picking up students may not arrive at school until 10 minutes prior to student's scheduled release time. Students are responsible for controlling this arrival time.
- 5) CTE Early Dismissal will leave directly from CTE at Parkside and will **not** return to James M. Bennett High School. Dismissal time from CTE is 2:25 p.m.
- 6) Failure to leave the building by the scheduled early release time will result in reassignment to Study Hall.
- 7) Students **must have met all MD. STATE/ WCBOE HIGH SCHOOL ASSESSMENT REQUIREMENTS (or be scheduled in a bridge course) and SERVICE LEARNING REQUIREMENTS**, in order to obtain early release.
- 8) If a student will be driving, they must provide their parking permit number.
- 9) If a student is being picked up, they must provide the name and phone number of the person picking them up in case the school has questions.

Parking Permit # \_\_\_\_\_ Verified by School Counselor \_\_\_\_\_

Or

Name and phone number of the person driving student: \_\_\_\_\_ Verified by School Counselor \_\_\_\_\_

I, the undersigned, have read the rules governing the Early Release Waiver and agree to abide by these rules as presented. I understand that any infraction of these rules may immediately terminate my privilege. I understand that these rules are written for everyone involved and I will not ask for special consideration.

**STUDENT HAS MET HIGH SCHOOL ASSESSMENT REQUIREMENTS \_\_\_\_\_**

**STUDENT HAS MET SERVICE HOUR REQUIREMENTS \_\_\_\_\_**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor's Signature