



ARDREY KELL HIGH SCHOOL

Early Release Form

Date _____

Grade _____

Time: _____

Student Number: _____

Student Legal First Name: _____

Student Legal Last Name: _____

Student Legal Middle Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

(Where you can be reached to verify the dismissal time)

NO Early Dismissals After 1:30 PM