

**IMPORTANT NOTICE ON TARDY AND EARLY DISMISSAL INFRACTIONS AND
CONSEQUENCES WITHOUT DOCTOR'S NOTE OR CLINIC RELEASE**

Student Name: _____ Grade: _____

I have received and read the Tardy and Early Dismissal Infractions and Early Dismissal
Consequences without Doctor's Note or Clinic Release policy.

Parent Signature: _____ Date: _____

Parent - Please Print Name: _____