

Date	Date
Student Name	Student Name
I give my child permission to leave ACRHS after their 1 <sup>st</sup> block exam period. I understand this will count as an unexcused absence for the remaining period(s) of the school day.	I give my child permission to leave ACRHS after their 2 <sup>nd</sup> block exam period. I understand this will count as an unexcused absence for the remaining period(s) of the school day.
Parent/Guardian Signature	Parent/Guardian Signature
DateStudent Name	DateStudent Name
I give my child permission to leave ACRHS after their 3 <sup>rd</sup> block exam period. I understand this will count as an unexcused absence for the remaining period(s) of the school day.	I give my child permission to leave ACRHS after their 4 <sup>th</sup> block exam period. I understand this will count as an unexcused absence for the remaining period(s) of the school day.
Parent/Guardian Signature	Parent/Guardian Signature

Please cut the permission slip for each date. Administration will be collecting these daily for students that are leaving after their exam period.