

**DURHAM SCHOOL OF THE ARTS**

*"Rigorous Academics, Excellence in the Visual & Performing Arts"*

400 N. Duke St., Durham, NC 27701 Telephone: (919) 560-3926 Fax: (919) 560-2217

EARLY DISMISSAL/SIGN OUT

**PICTURE IDENTIFICATION IS REQUIRED WHEN SIGNING OUT THE STUDENT**

Our school day begins at 9:15am and ends at 4:15pm. In order to minimize class disruptions, the Main Office needs to eliminate the practice of calling into classrooms to obtain students for sign out purposes. All students signing out early must have this form completed in the main office and no exceptions will be made after 3:30pm without a form. Students who need to leave school before the end of the school day (for medical appointments or family reasons) are required to turn in the completed Early Dismissal/Sign Out Permission Form. Students must bring the completed Early Dismissal/Sign Out Form to the Main Office first thing in the morning on the day of the early sign out. A copy of the Permission Form will be given to the student to turn in to his/her teacher at the beginning of the class period that the student is to leave early from. At the appropriate time, the student will report to the Main Office to sign out. In all cases, the student will not be released to anyone other than the parent/guardian. The parent/guardian may pick up the student by signing him/her out in the office. **Please be prepared to show your ID.** High school students that have been pre-approved may sign out based on parent permission and the verified authenticity of the form. Leaving school without following the above procedure will be regarded as skipping and will result in disciplinary action. **Again, this policy is in place to eliminate class disruptions so instructional time is not lost. Phone calls will not be accepted to sign students out early.**

**EARLY SIGN OUT PERMISSION FORM**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Out Time: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Reason for Early Sign Out (medical appointment documentation from doctor/dentist required for absence to be excused):

\_\_\_\_\_

Phone # of Parent/Guardian to Confirm Early Sign Out: \_\_\_\_\_

**PRINT** Parent/Guardian Name: \_\_\_\_\_ **SIGNATURE** Parent/Guardian: \_\_\_\_\_

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