

Fall Sports/Activities
Partner School Early Release Form

Student Name: _____

Partner School Name: _____

Activity (band, choir, drama, etc.): _____

Practice Time Release: _____ Show Time Release: _____

**Please no release before 2:20, except show day, if needed.*

Check Days of Week for Early Release:

Monday: ___ Tuesday: ___ Wednesday: ___ Thursday: ___ Friday: ___

Date Activity Ends: _____

Director Signature: _____

Sport (football, volleyball, tennis, etc.): _____

Practice Time Release: _____ Game/Meet Time Release: _____

**Please no release before 2:20 PM, except game day, if needed.*

Check Days of Week for Early Release:

Monday: ___ Tuesday: ___ Wednesday: ___ Thursday: ___ Friday: ___

Date Season Ends: _____

Coach Signature: _____

STUDENT SHOULD RETURN THIS FORM TO THE ATTENDANCE OFFICE.