

**SAHS ACT
EARLY DISMISSAL FORM**

This form must be turned in to Mrs. Jasper in the Media Center through **MONDAY, 2/23, ANYTIME** OR bring to your testing room the **DAY OF TESTING**. The student will be given a dismissal pass with the time they are allowed to leave campus.

_____, _____, _____
(Student name – please print) (Grade) (Student ID#)

Will need to be released early from school on Tuesday, February 24th at 1:00 pm* because of
(Date) (Time)

ACT(gr.11) Testing.
(Reason)

*Please note that if your student has ACT-approved extended time, their dismissal **will be later**.

- Will be checked out by _____.
- Will drive themselves and I can be reached at this phone number for verification if needed _____

I understand my child may be checked out only by the adult listed. I also understand that the time given is an estimate and students will be dismissed when testing has been completed.

(Parent/Guardian Name – please print)

(Parent/Guardian Signature)

OR Student Driver:

Student will be driving himself/herself to said destination. I understand the policy requires someone from the Attendance Office to call me and reconfirm that my child has permission to leave the school campus.

(Parent/Guardian Name – please print)

(Parent/Guardian Signature)

If you have any questions, please reach out to the Testing Coordinator at Kristin.Jasper@stjohns.k12.fl.us.