



PERMISSION TO SIGN OUT FOR APPOINTMENTS

Students with Off-campus privileges may sign themselves out to drive themselves to their own physician or dentist appointments with parent permission using this form. ONLY notarized forms will be accepted and must remain on file in the office.

I give my son/daughter, _____, grade _____, permission to sign himself/herself out of school for appointments providing they meet all other school requirements and criteria. When the student returns to school from appointment(s), they must have a medical note/receipt or documentation from the service provider to be excused from appointment(s). I accept full and complete responsibility for my child during this time that they are off campus. I understand this privilege will be revoked if it is misused.

Parent/Guardian Name (print)

Date

Parent/Guardian Signature

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument, permission to Sign Out for Appointments, was acknowledged before me this day _____ of _____, 20____ by _____
who is personally known to me _____ or has produced a driver's license as
identification _____ and who did _____
or did not _____ take an oath.

My commission expires:

NOTARY