Parents/Guardians,

Due to meeting the state’s required instructional hours, we cannot offer the option of early release on Thursday, December 15, 2011. Any student needing an early dismissal on December 15, 2011 will need to follow the normal protocol outlined in the Bulloch County Student Handbook.

You may opt for your son/daughter to be released from school on Friday, December 16, 2011 by signing the form below (in lieu of a written parent note) and returning it to your child’s 1st block teacher or the attendance office by Friday, December 9, 2011, 3:00 p.m. Students who do not turn in a parental approval form will remain here in the assigned class until 3:05 p.m.

<table>
<thead>
<tr>
<th>Thursday, December 15, 2011:</th>
<th>Friday, December 16, 2011:</th>
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</thead>
<tbody>
<tr>
<td>1st Block: 8:00 – 9:35</td>
<td>1st Block Exam: 8:00 – 9:35</td>
</tr>
<tr>
<td>3rd Block Exam &amp; Lunch: 11:17 – 1:20</td>
<td>3rd Block: 11:17 – 1:20</td>
</tr>
<tr>
<td>4th Block Exam: 1:26 – 3:05</td>
<td>4th Block: 1:26 – 3:05</td>
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</tbody>
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Reminders:
*** The buses will run regular routes both days. Lunch will be provided both days.
*** Students who have NOT been picked up by 11:30 on December 16th must report to the assigned class until the buses arrive.

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(Detach and return to your child’s first block teacher by Friday, December 9th)

________________________(First Block Teacher)

Dr. Waters,

By signing this letter, I hereby release the Board of Education and Statesboro High School’s administration of any further responsibility/liability for the below named student on these dates. I also acknowledge the fact that my child must not be on the grounds of Statesboro High School or any other Bulloch County School property during this time period and that it is my responsibility to arrange transportation for his/her early release.

As the parent/guardian of ________________________, ___________________.

I HEREBY GRANT PERMISSION FOR MY SON / DAUGHTER TO BE RELEASED FROM SCHOOL on Friday, December 16, 2011 at 11:11 a.m.

__________________________________          ____________________________
SIGNATURE OF PARENT/GUARDIAN          DATE

Parent Name – PLEASE PRINT

__________________________________          ____________________________
Home telephone #

Cell#

__________________________________          ____________________________
Work telephone #