



Form Due: December 21, 2023

School District U-46
Educational Services Center
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000

www.u-46.org

APPLICATION FOR EARLY DISMISSAL OR LATE ARRIVAL

STUDENT NAME _____ ID# _____

In order to be eligible for Early Dismissal or Late Arrival, all of the following criteria **MUST BE** met. (If you cannot check all boxes, you do not qualify.)

- ☐ I am a junior or senior on track for graduation
- ☐ I am **NOT** re-taking a course required for graduation (Biology, Physical Science, Freshman, Sophomore, Junior English, Algebra, Algebra 2, Geometry, PE, Health, US History)
- ☐ I am **NOT** enrolled in APEX class for credit recovery.

Requested Periods (Circle): ☐ 1 ☐ 8

Early Dismissal and/or Late Arrival is a privilege not a right. If the student acquires 5 referrals or is on Loss of Privileges list, this privilege will be revoked and the student will be assigned to a study hall. If the student is not present for their study hall they will be marked TRUANT.

Students granted late arrival may not enter the building prior to the start of their first scheduled period.

Students granted early dismissal must leave the campus five minutes after their last scheduled class or this privilege will be revoked. If the student is involved in extracurricular activities he/she cannot return to campus until 2:55 PM (Or the conclusion of the school day).

STUDENT AGREEMENT: I understand that I must meet the requirements checked above in this application to be afforded the privilege of early dismissal or late arrival. If I am unable to meet any one of the minimum requirements while given this privilege or acquire 5 behavior referrals or am on the Loss of Privileges list, ***this privilege will be revoked immediately.***

PARENT AGREEMENT: By signing this form, I am giving permission for my student to have the privilege of early dismissal or late arrival. I understand that transportation is not provided, and my student cannot remain on campus. I understand that should this privilege be revoked, my student will need to re-arrange work or family commitments to accommodate a full day of school.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Counselor Signature _____ Date: _____

School Administrator: _____ Date: _____