



After School Programs

Early Release Documentation Form

Program Site: _____

Name of Student: _____ Grade: _____

Date: _____ Time of Early Release*: _____

(* Early release time should match the sign out time on the Master Daily Sign In/Out Form)

Please check the appropriate reason below.

Reason for Early Release:

- Parallel Program
- Family Emergency
- Personal Family Circumstance
- Medical appointment
- Transportation
- Community safety
- Child accident
- Other conditions

Explanation (if needed): _____

FOR STAFF USE ONLY:

Parent/Guardian Communication regarding Early Release:

- | | | |
|---|--|--|
| <input type="checkbox"/> Note from parent/guardian (attached) | | <input type="checkbox"/> Parent/guardian pick up |
| <input type="checkbox"/> Parent/guardian phone call | | |

Staff Approval Signature: _____

***Early release form must be completed daily or by semester if it is a re-occurring reason.**