HARBORSIDE ACADEMY
Parent Permission for School Release – 2026–2027 School Year
Grades 11 & 12

Student Name (Please Print): _____

As the parent/guardian of the above-named student, I give permission for a **Release Period** to be added to their schedule, allowing them to leave the school campus during the day for one or more of the following reasons (please check all that apply):

☐ **Student Partnership**
☐ **Study Hall** *(Student must not be failing any classes and must be current on credits.)*
☐ **Youth Options**
☐ **Other Release** – Please explain: _____

Note: *Administration reserves the right to revoke this privilege at any time at their discretion.*

Conditions of Release:

- I understand my student must **leave the building** during the release period unless directly supervised by a staff member.
- I acknowledge that **transportation is the responsibility of the family**, as Harborside Academy bus service is only available at **2:38 PM**.

Signatures:

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Daytime Phone Number: _____

For Office Use Only:

☐ Release Approved
☐ Schedule Updated

Administrator Signature: _____ Date: _____