

# eSchool Confirmation Form

Bring this form along with the email you receive from eSchool confirming you are in the class to your counselor to adjust your schedule.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

eSchool class(es) enrolled: \_\_\_\_\_ Qtr. 1 2 3 4

Class(es) to be dropped: \_\_\_\_\_

Class(es) to be added: eSchool Release Study Hall

## eSchool Release:

Semester 1 and/or 2: 1 2 Q 3 4 5 6 7  
(please circle)

I give my permission for my son/daughter to be released from his/her High School during the school day.

Parent Signature: \_\_\_\_\_

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