

RESPONSIBILITY FOR RELEASING STUDENT FROM SCHOOL
(PLEASE PRINT ALL INFORMATION)

Date:	Time of Release:
Program:	Teacher:

I assume full responsibility for releasing _____ from
(Student Name)
the Joseph M. Barry Career and Technical Education Center **earlier than dismissal time.**

Reason(s) for Leaving:

- Illness
- Mandated school event (testing/sports)
- Doctor's appointment
- Family emergency
- Other: _____

Signature:	Relationship to Student:
Barry Tech Front Desk Signature:	
<input type="text"/> (Please initial in box) ID was checked against student system/emergency contact card	

- This form can be emailed with a copy of the parental photo identification to:
BTDdismissal@nasboces.org preferably 24 hours in advance.
- The front desk receptionist is required to call the parent to validate the request (parent will be called based on the number in our student management system - SchoolTool)
Note: If the parent is picking up the child please have all documentation completed in advance. Please call the receptionist at 516-622-6800 to make them aware of the Early Release.
- If the parent cannot be contacted and/or if there is no photo identification the student cannot be released early.