

SOMERSET BERKLEY REGIONAL HIGH SCHOOL

ONE TIME PARENT PERMISSION FOR STUDENT SELF DISMISSAL (AGE 18+)

Student Name: _____

Date of Birth: _____

Grade: _____

As the parent/guardian of the above-named student, I acknowledge that my child is 18 years of age and is legally permitted to sign themselves out of school.

By signing below, I grant **one-time authorization** for my child to self-dismiss from school when necessary for the remainder of the school year.

I understand and agree that:

- My child will be responsible for any missed classwork, assignments, or assessments.
- Excessive dismissals may impact academic standing, attendance requirements, and eligibility for school activities, including graduation privileges.
- The school assumes no liability for my child once they have signed out of the building.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Student Acknowledgment

I understand the expectations and responsibilities associated with self-dismissal and agree to follow all school procedures, including scanning out through the main office. I understand that self dismissal absences count toward my total number of absences per class and understand the Loss of Credit policy listed below .

Loss of Credit: Students who exceed eighteen (**18**) absences a year or an equivalent ratio for classes not meeting every day will be denied credit. Additionally, students should **not** exceed more than eight (**8**) absences for a semester course.

Student Name (Print): _____

Student Signature: _____

Date: _____
