

## Douglas Anderson School of the Arts Permission to Leave Campus After AP Testing

**COMPLETED FORMS MUST BE SUBMITTED TO THE DEAN'S OFFICE BY NOON ON FRIDAY 4/30**

**PARENT/GUARDIAN:** Please complete this form COMPLETELY and LEGIBLY. It must be returned to the Dean's Office PRIOR to the student's 1) DRIVING or 2) RIDING with a student driver.

**NOTE:** NO STUDENT MAY DRIVE ANOTHER STUDENT'S CAR.

Student's Name		Grade	
Student #		Arts Area	
Parent/Guardian Name			
Parent/Guardian Cell Phone #			
Emergency Contact ( <i>in case parent/guardian cannot be reached</i> )			
Relationship to student		Phone #	

**My signature(s) below indicates that:**

1) As legal parent/guardian of the above-named child, I give permission to him/her to leave school after completing the following AP Exams (please identify each exam you are giving permission for and date).

AP EXAM	DATE	AP EXAM	DATE
AP EXAM	DATE	AP EXAM	DATE
AP EXAM	DATE	AP EXAM	DATE

2) I release and discharge the Duval County School Board, its officers, agents, and employees from liability (all claims, damages, rights, and causes of action) growing out of personal injuries and damages resulting and/or occurring during the time he/she is off-campus or in transit.

3) Parent/guardian must read and **indicate "YES" or "NO" and SIGN** for each permission to be granted to the student. Please read each statement carefully before signing.

Yes  No **My child may DRIVE off campus BY HIM/HERSELF with NO PASSENGERS.**

PARENT/GUARDIAN SIGNATURE	DATE
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Yes  No **My child may DRIVE off campus BY HIM/HERSELF WITH PASSENGERS who have submitted an APPROVED permission form.**

PARENT/GUARDIAN SIGNATURE	DATE
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Yes  No **My child may RIDE off campus with an approved STUDENT DRIVER.**

PARENT/GUARDIAN SIGNATURE	DATE
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Yes  No **I will PICK UP my child at the front entrance of the school after the exam.**

PARENT/GUARDIAN SIGNATURE	DATE
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