

**JUNIOR EARLY DISMISSAL FORM**

**BRIARCLIFF HIGH SCHOOL  
444 Pleasantville Rd  
Briarcliff Manor, NY 10510  
(914) 769-6299**

I give my son/daughter, \_\_\_\_\_ (print clearly) a Junior at Briarcliff High School, permission to leave school grounds **at the end of their academic day**. My son/daughter understands that they must sign out each day, at the front desk located in the Main Office before leaving the building.

*When required signatures are affixed to the bottom of this form, the student will become eligible for such consideration.*

*Please return this completed form to the Main Office.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date