

WICKLIFFE HIGH SCHOOL

2255 ROCKEFELLER ROAD WICKLIFFE, OHIO 44092
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www.wickliffeschools.org / @ WickliffeHS

Inspiring students to Learn, Lead, and Serve

Shyla Metsker Principal
Larry Balduff, Assistant Principal
Sara Hall, School Counselor (A-L)
Leah Porcello, School Counselor (M-Z)
Judy D'Angelo, Secretary
Charie Trivisonno, Guidance & Athletic Secretary

APPROVED: ____ DENIED: ____ PENDING: ____ (See Mrs. Metsker)

LATE ARRIVAL/EARLY DISMISSAL PERMISSION FORM 11th and 12th Grade Students Only

Student Name: _____ Grade: ____ 11 or ____ 12

Requested for Semester(s): FALL: _____ AND/OR SPRING: _____

Request for Late Arrival AND/OR Early Dismissal – Check all periods requested:
**DO NOT ADD PERIODS THAT ARE NOT ALREADY LISTED BELOW*

Periods: _____1 _____2 _____7 _____8

LATE ARRIVAL/EARLY DISMISSAL POLICIES AND PROCEDURES:

- Late Arrival/Early Dismissal is open **ONLY** to **11th & 12th grade students**.
- Students **MUST** already have an assigned study hall during the requested periods.
- Students **MUST** enter and exit through the main entrance at the front of the WHS, and **MUST** sign in/out daily.
- If students are returning for a school activity, he/she may not re-enter the building until 2:30pm.
- Students are responsible for their own transportation, and must have arrangements in place prior to approval.

LATE ARRIVAL/EARLY DISMISSAL CRITERIA:

- *2.5 GPA or higher
- *No major/recurring violations.referrals
- *Maintain attendance rate of 95% or greater
- *WHS expects our students to behave in a mature, respectful, and responsible manner and be on time for classes.
- *Any student who does not consistently sign in/out, is excessively tardy, is not maintaining the high expectations expected of them, or fails to meet any of the criteria listed above will have this privilege immediately forfeited.

STUDENT ACKNOWLEDGEMENT:

I, _____ (student name), have read and fully understand the Late Arrival/Early Dismissal policies and procedures stated above. I will follow these policies and procedures at all times, or I understand that I will permanently lose my Late Arrival/Early Dismissal privileges.

Student Signature: _____ Date: _____

PARENT ACKNOWLEDGEMENT:

I, _____ (parent name), have thoroughly read and understand the Late Arrival/Early Dismissal policies and procedures. I believe my child has the level of maturity and responsibility needed to maintain this privilege. I understand that my child will lose his/her open lunch privileges, among other consequences, if he/she does not maintain the same high expectations in the community as is expected while at WHS. Therefore, I give permission for my child to leave the WHS campus during his/her assigned lunch period, and I will accept full responsibility for my child during the time he/she is in the community.

Parent/Guardian Signature: _____ Date: _____

****Parents/Guardians: Please assess your child's individual maturity level prior to giving permission to leave campus at any time. By signing this form, you are assuming responsibility for your child while off campus; this includes if he/she chooses to not return.**