LANIER HIGH SCHOOL

Check-out Documentation



Please fill out the information below and bring it to the front desk no later than 7:25am on the day you are checking out.

Thank you!

| Student Name: | |
|--|--|
| Grade: | |
| Time of Check-out: | |
| Reason for Check –out: | |
| Parent/Guardian Name: | |
| Parent/Guardian Signature: | |
| Parent/ Guardian Contact Phone Number: | |
| Notes (any additional information): | |
| | |
| Does your student drive to school? (circle one) YES NO | |
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| | |
| School Use Only | |
| Parent Contact Verification: (initial) | |