Hillgrove High School
Early Release

Full Legal Name of student: ________________________________ Grade: ____
Date: ________________________________ Student ID #: ______________________

Time of dismissal: __________________________ (No Early Dismissals after 3:10 pm)

Reason for leaving early: __________________________________________
________________________________________________________________
________________________________________________________________

Student pick up?
☐ Name of person picking up: ________________________________

☐ Student driving themselves?

Phone call verification by:

Parent/Guardian Name: ________________________________
Signature: ________________________________
Phone #: ________________________________

Early Dismissals must be in writing, no phone calls will be accepted.

Drop off, FAX: 678-331-8128, or attach note in email to:
Debora.aylor@cobbk12.org