



# MURIEL W. BATTLE HIGH SCHOOL 2016-2017 LUNCH RELEASE FORM



Student Name: \_\_\_\_\_ Student # \_\_\_\_\_

Student Grade:    11<sup>th</sup>                      12<sup>th</sup>

I give my son/daughter permission to be off the BHS campus during his/her LUNCH period (could be different period; based on A or B day course). Student is responsible for returning to his/her next class on time.

\_\_\_\_\_  
Parent Signature

*Dr. Kim Pardo*

\_\_\_\_\_  
Date

8-2-16

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date



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