



Cambridge Rindge and Latin School
459 Broadway • Cambridge, MA 02138
617.349.6630 • www.cpsd.us

Early Dismissal Permission Form

I, _____, hereby grant permission for my child
(Insert Parent/Guardian/Caregivers's Name)

(please initial all that apply)

_____ **to be dismissed by their assigned CRLS Staff supervisor from Study Support Block** (2:05 PM - 3:00 PM Monday, Tuesday, Thursday, and Friday) **or Advisory** (1:15 PM - 2:40 PM Wednesdays). The expectation is that my child remains in school until the end of the school day unless dismissed by their teacher and/or advisor. I understand that when dismissed it is the expectation that my child will leave CRLS's campus.

_____ **to leave campus if they have a block in their day during which they are not scheduled for a class.** I understand that during this free block the expectation is that my child will leave campus and return in time for their next scheduled class. If I do not give permission for my child to leave campus, I understand that my child will be assigned a study space for them to work during their free period.

By signing this Early Dismissal Permission Form and granting the permission as stated herein, I am releasing the City of Cambridge, Cambridge Public Schools, Cambridge Rindge and Latin and their respective officers, directors, agents, employees, and members from and against all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child's early dismissal from school as stated above. I have read this Early Dismissal Permission Form and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student's Name: _____

Student's Learning Community:

_____ C _____ L

_____ R _____ S

Parent/Guardian/Caregivers's Name: _____

Date: _____

Parent/Guardian/Caregiver's Signature: _____

Date: _____