

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: _____ Date: _____

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

School Use Only

Parent Contact Verification: (initial) _____