



Sawgrass Springs Middle School

Early Sign Out Authorization Form

Testing Days – (Tues. 4/6 – Thurs. 4/8)

Main # 754-322-4500

Please complete each part of this form in order to allow your child to leave when testing has concluded. To allow for a smooth dismissal and follow all Social Distancing guidelines your child will be required to turn in this form to their testing proctor the morning of their test.

Name: _____

Student I.D: _____

Grade: _____

I hereby authorize my student to leave school early after testing has concluded. I understand that I must arrange for my child to get home on their testing day.

Car _____ **Bike** _____ **Walk** _____

Parent's Name: _____

Parent's Signature: _____

You must provide a copy of the Parent/Guardian's driver's license with this form.