

## Huntington Union Free School District

Office of Guidance and Testing K-12 | Jeannette Alomia, Director

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| To the Parent/Guardian of:  |   |  |   |
|---|---|--|---|
| Your child has a study hall period (s)<br>will permit to arrive at school p   | With your permiss period 2 or leave school direct   | With your permission and agreement to the following, we releave school directly following period 8.  |   |
| <ul> <li>I will provide transportation for my child so from period 9. Arrival and dismissal must be lif my child must return to school, he/she will lif my child is late for arrival to his/her first sees Seniors who have failed two or more subprivilege. Students scheduled for study hale. At no time, may my child drop or change a a minimum of 6 classes and Physical Educe. Students who elect to drop a period 1 or 9 owill not be permitted to participate in this prascutting any other class.</li> <li>Students who have a class on an alternating his/her study hall on the opposite day.</li> <li>Your child will have special attendance for I understand that the Huntington U.F.S.D. stat school, or after his/her departure from so</li> </ul> | that he/she will arrive at school via the main entrance. Il arrive at 2:20 p.m. or later a cheduled class of the day, he jects at the end of the first lis should be seeking extra h class to be put into a study ation. Course and are still able to more rogram. Cutting a study half g day basis must attend that period 1 and/or period 9, and hall have no legal responsibile. | and report directly to his/her activity. e/she will be placed back in a study hall. marking period may not participate in this elp during that time period. hall periods 1 or 9. My child must maintain maintain five classes and Physical Education will be subject to the same consequences scheduled class, but may be removed from d will be removed from study hall registers. lity/liability for my child prior to his/her arrival |   |
| Thank you for your cooperation.   | Si  | ncerely,   |   |
|   |   | eannette Alomia<br>strict Director of Guidance and Testing   | _ |
| I have read the above and agree to follow all schountil this signed permission form has been return   |   | not be removed from the study hall register  |   |
| Parent's Signature  | Date  | Telephone #  |   |
| Student's Signature   | Date  | <del></del>  |   |

PLEASE RETURN TO YOUR GUIDANCE COUNSELOR