

Salttillo High School Check-out Note

Student's Full Legal Name \_\_\_\_\_

**Please complete the appropriate section\* below:**

\*Please allow \_\_\_\_\_  
Student's full name

to check-out at \_\_\_\_\_ on \_\_\_\_\_.  
Time Date (xx/xx/xx)

*or*

\*Please allow \_\_\_\_\_  
Student's full name

to check-out with \_\_\_\_\_  
Full name of person picking student up

at \_\_\_\_\_ on \_\_\_\_\_.  
Time Date (xx/xx/xx)

Parent/Guardian's Signature \_\_\_\_\_  
Full Legal Signature

Date \_\_\_\_\_  
xx/xx/xx

Contact Phone # \_\_\_\_\_