

Scotty Crowe, Principal

LEON HIGH SCHOOL

Assistant Principals

Allison Agbasoga

Riley Bell

Linda John

Chris Warfel



550 East Tennessee Street
Tallahassee, Florida 32308

Phone 850-617-5700
Fax 850-922-5311

PERMISSION TO SIGN OUT FOR APPOINTMENTS

I give my son/daughter _____, grade _____,
permission to sign him/her self out of school for appointments providing he/she meets all other school
requirements and criteria. When the student returns to school from appointment(s), he/she must have
a medical note/receipt or documentation from the service provider to be excused from appointment(s).
I accept full and complete responsibility for my son/daughter during the time that he/she is off campus.
I understand this privilege will be revoked if it is misused.

Parent/Guardian Name (please print)

Date: _____

Parent/Guardian Signature

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument, Permission to Sign Out for Appointments, was acknowledged Before me this
_____ day of _____, 20____ by _____
who is personally known to me _____ or has produced a driver's license as
identification _____ and who did _____
or did not _____ take an oath.

My commission expires:

NOTARY