

Billy Epting, Principal

LEON HIGH SCHOOL

Assistant Principals
Ricky Ardley, Discipline
Michael Bryan, Academy
Deshone D. Hedrington, Attendance
Sarah Hembree, Curriculum
Mark Feely, Dean/Athletic Director



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 _____, a _____ grader, permission to sign him/her self out of school for appointments providing he/she meets all other school requirements and criteria. I accept full and complete responsibility for my son/daughter during the time that he/she is off campus. I also understand that this privilege will be revoked if it is misused.

Printed name of Parent/Guardian

Parent/Guardian signature

Date: _____

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 driver's license as identification _____ and who did ___ or did not ___ take an oath.

NOTARY

My Commission expires: