

C. E. Byrd ACT Test Day Checkout Form

02/20/2024

Checkout Date: March 6, 2024Checkout Time: 9th Grade Pre-ACT 12:00 pm
10th grade : 1:30 pm or afterStudent Name: _____ Student ID #: _____
Last, First

Student Transportation (indicate one):

1. Student Drives: _____ 2. Student Walks: _____
3. Student Will Be Picked Up in Front of The Gym on Gladstone Side of School: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

We will call and confirm information. If we cannot make contact, we will not check student out. Please make sure student info is updated with the registrar.

FORMS ARE DUE TO THE OFFICE NO LATER THAN MONDAY MARCH 4, 2024**Office Use Only**

Student Checkout Verified By: _____

C. E. Byrd ACT Test Day Checkout Form

02/20/2024

Checkout Date: March 6, 2024Checkout Time: 9th Grade Pre-ACT 12:00 pm
10th grade : 1:30 pm or afterStudent Name: _____ Student ID #: _____
Last, First

Student Transportation (indicate one):

2. Student Drives: _____ 2. Student Walks: _____
4. Student Will Be Picked Up in Front of The Gym on Gladstone Side of School: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

We will call and confirm information. If we cannot make contact, we will not check student out. Please make sure student info is updated with the registrar.

FORMS ARE DUE TO THE OFFICE NO LATER THAN MONDAY MARCH 4, 2024**Office Use Only**

Student Checkout Verified By: _____