

HENRY P. BECTON REGIONAL HIGH SCHOOL

Central Detention & Saturday Detention Waiver Form

Please complete waiver and bring with you on the date student is assigned detention.

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Student Name</i>			

I _____ give permission for my child _____

Parent Name Child's Name

Permission to drive or walk home on their own after they have completed their assigned Central Detention or Saturday Detention.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Student Name _____

Student Signature _____ Date _____

<i>Notes</i>	
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