



Saint John Paul II

Live By The Spirit Of Faith. ACADEMY

Permission Slip for Advanced Placement Testing

My child, _____, has my permission to miss his/her regularly scheduled
(student name)

classes on the day of the Advanced Placement test _____ scheduled
(name of test)

to take place on _____. He/she has my permission to
(date)

_____ Leave campus once they have been released from the test.

_____ Arrive to school at 11:45 for the Advanced Placement Exam.

Parent/Guardian name _____

Parent/ Guardian Signature _____