



Early Release Request, 2016-2017 School Year
SENIORS ONLY

I hereby request permission for my son/daughter, **PRINT NAME** _____ to have the following periods of release time for the 2016-2017 school year.

*Students have three options they can request:

- 1) 1st period only
- 2) 4th period only
- 3) 3rd and 4th period

*Check all that apply: Semester 1: 1st period ___ **OR** 4th period ___ **OR** 3rd & 4th period ___

Semester 2: 1st period ___ **OR** 4th period ___ **OR** 3rd & 4th period ___

Give a detailed summary explaining the need for this request. Failure to list a reason voids the request.

STUDENTS WILL STILL NEED TO REGISTER FOR 8 CLASSES. IF EARLY RELEASE IS GRANTED, PLEASE LIST THE COURSES YOU WANT TO KEEP:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

The parent's and student's signature below verifies the understanding of the following statements:

1. It is the student/parent's responsibility to contact any appropriate college/university's admissions office to determine that this request will not affect the student's admission.
2. Students must pass and take at least 3 classes per semester to be eligible for interscholastic sports.
3. Students must have transportation to arrive late or leave campus as soon as their last class is over.

Parent's signature/date

Student's signature/date

The counselor's signature verifies that the student is on track for graduation. This is not an endorsement for reducing the student's schedule.

Counselor's signature/date

Dean of Students Review signature/date

___ Approved ___ Denied ___ Conditions _____

Principal's signature/date _____