

**Leesville Road High School
Release Request Form**

For the 2016-2017 school year, this form was due by April 12, 2016. Forms submitted after this date will only be approved with a documented medical or other hardship.

Parent/Student Request

Student Name: _____ Student ID # _____

Student Email: _____

Students may only have a maximum of 2 release periods each semester (Check those that apply)

_____ **SEMESTER 1** _____ 1st Period _____ 1st & 2nd Period _____ 3rd & 4th Period _____ 4th Period
_____ **SEMESTER 2** _____ 1st Period _____ 1st & 2nd Period _____ 3rd & 4th Period _____ 4th Period

If Release Time is approved, the student should list the classes he/she wishes to drop from his/her class selections. The number of classes to drop should match the number of release periods requested.

I am requesting this release for the following reason: Please write a brief statement below or attach medical documentation if appropriate.

The parent initials and signature and student signature below verify the understanding of the following statements (Parents, please initial beside each statement):

- _____ It is the student/parent's responsibility to contact any college/university's admissions office to determine that this request will not affect the student's admission.
- _____ Students must take and pass at least three classes per semester to be eligible for interscholastic sports. (This includes the current semester and the following semester, whether it be the Spring or Fall Semester)
- _____ Students must have transportation to report to campus late or leave campus early.
- _____ *Students are not allowed to be on campus during their release periods.*

_____ Parent Signature Date _____ Student Signature Date

School Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and have communicated with his or her parents and have reviewed the conditions associated with promotion/graduation. This student is on track for graduation.

_____ Counselor Signature Date

Principal Action

_____ Approved _____ Denied _____
Principal Signature Date