

Wake Forest High School

2017-2018 SENIOR EARLY RELEASE REQUEST

I hereby request permission for my son/daughter, _____ to have early release for the following semesters and class periods:

Check all that apply: Semester 1 3rd period 4th period

Semester 2 3rd period 4th period

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

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

1. Student **MUST** have transportation to leave campus **EACH DAY**.
2. Student **MUST** leave campus **IMMEDIATELY** following their last scheduled class.
3. It is the student and/or parent's responsibility to contact any appropriate college/university's admissions office to determine that this request will not affect the student's admission.
4. Students who are a part of a WFHS sports team **CANNOT** have early release under any circumstance.

Parent Signature _____

Student Signature _____

Parent Phone Number _____

Student Phone Number _____

Parent Email _____

Student Email _____

To be completed by student's school counselor:

Counselor Name: _____

Date: _____

Is this student on track to graduate? Yes No If so, please list courses needed:

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Counselor Signature _____ **Date** _____

Administrative Approval _____ **Date** _____

This form must be submitted to the student's counselor within 5 days of the current semester