

## ROLESVILLE HIGH SCHOOL PARTIAL DAY REQUEST 2019-2020

(Seniors Only)



"Partial Day" is when a student has permission from administration to take a partial day of classes in their final semester of Senior year. A partial day is allowed only during a student's final semester of his/her senior year and is available only to seniors who have a demonstrated need to leave early, after third period, due to job/work obligations. This must be demonstrated through documentation from the employer. Students with attendance, tardy, or discipline concerns will not be granted a Partial Day Request. Student Services does not recommend Partial Day Request for college-bound students. This form must be returned to the student's assigned counselor for processing before December 6, 2019.

PLEASE EXPLAIN YOU ARE REQUESTING PARTIAL DAY: (If requesting Partial Day for work release, please ensure Page 2 is

also filled out and submitted by December 6, 2019. Not all Partial Day requests will be approved.)

given by the principal and is designed to give designated responsibility. The student must a segment of the student/parent's responsibility request will not affect the student's a prive 3. The student agrees that this is a prive 3. The student agrees to leave campus will result in the revocation of the earth of the student when he/she leaves c 4. The student waives the right to take fulfill ALL graduation requirements 5. All athletes must pass 3 classes each college/university admissions policy 6. Students on a partial day schedule for partial day student's scheduled class etc.).	admission.  ilege and is subject to revocation.  immediately once they have completed the last schedule arry release pass.) The student and parent/guardian unde ampus for partial day.  a full schedule and has determined with his/her counsels with partial day.  a semester in order to obtain academic eligibility. The star regarding partial day.  orfeit the privilege to attend school events that occur dur ses have ended (this includes, but is not limited to, Pep Research	to report to work or to a ions office to determine that this ed class. (Failure to leave campus rstand that the school is not liable or that he/she will be able to udent is aware of any potential ring the school day after the Rallies, Honor Roll celebrations,
I hereby request permission for my son/d following periods of release time for the		to have the
Parent's Name	Parent Signature	Date
Student #	Student Signature	Date
Parent Contact (email or phone number)	COUNSELOR REVIEW	
	his student's record, have met with the student, and have ociated with promotion/graduation. This student is on transfer	
Counselor Name	Counselor Signature	Date
Approved Denied (Explain :		)
	ADMINISTRATOR REVIEW	
Administrator Name	Administrator Signature	Date

## **ROLESVILLE HIGH SCHOOL** PARTIAL DAY REQUEST 2018-2019

When requesting Partial Day for Work Release, this page must also be submitted with the application. Place of Employment: Employer's Name: Employer's Email: Employer's Phone: **Employer Statement** (to be completed by the student's employer) Please write an explanation of why the student needs a Partial Day schedule to work at their current place of employment and why the student is unable to fulfill their work obligations outside of the traditional school day hours: Employer's Signature: Date: \_\_\_\_\_ **Parent/Guardian Statement** (to be completed by the student's parent/guardian) Please write an explanation of why the student needs a Partial Day schedule to work at their current place of employment and why the student is unable to fulfill their work/financial obligations outside of the traditional school day hours: Parent/Guardian's Signature:

Date: \_\_\_\_\_