ROLESVILLE HIGH SCHOOL Dual Enrollment/CTE Internship Early Release Request 2017-2018 (Junior and Seniors)

Students wishing to take a course through another institution of learning (NCVPS, approved local colleges/universities, etc.) should schedule an appointment with their assigned counselor to get more details. Students may earn high school and college credit upon successful completion of the course. Students wishing to complete a CTE internship for high school credit should schedule an appointment with the Career Development Coordinator (CDC). Applications for Early Release for Dual Enrollment/CTE Internship are due to Student Services by **August 25**, **2017** for Fall Semester and **January 10**, **2018** for Spring Semester.

CHECK ALL THAT APPLY:	Fall Semester	_ 3 rd period 4 th	Spring Semester	3 rd period 4 th
*If requesting Early Release for to be considered for Early Rele courses, etc.)				
If requesting Early Release for	a CTE Internship, plea	se complete the information i	below:	
Place of Internship:		Supervisor:		
CDC Signature:		Date:		
request will not affect the 2. The student agrees that 3. The student agrees to lewill result in the revocation for the student when he 4. The student waives the fulfill ALL graduation for the students of the student	olled in Wake Tech CCI work or to a designated a responsibility to contain the student's admission. This is a privilege and is ave campus immediated tion of the early release she leaves campus for early to take a full schede requirements with early classes each semester is ssions policy regarding ease schedule forfeit the	P by the principal and is design responsibility. The student must any appropriate college/united subject to revocation. It is subject to revocation. It is younged they have completed the pass.) The student and parent early release. It is determined with the release. It is not obtain academic elicently release. It is privilege to attend school every responsibility.	ned to give students the nust agree to the following versity/ admissions office the last scheduled class. If your dian understand the his/her counselor that he gibility. The student is a sents that occur during the	copportunity to leave ng terms: ce to determine that this (Failure to leave campus lat the school is not liable le/she will be able to leave of any potential late school day after the
early release student's s etc.).	cheduled classes have e	ended (this includes, but is not	limited to, Pep Railies,	Honor Roll celebrations
I hereby request permission for reperiods of release time for the 20				have the following
periods of release time for the 20	17 - 2016 school year.	Students may have a maxi	mum of 2 release perio	ous per semester.
Parent's Name		Parent Signature		Date
Student #		Student Signature		Date
Parent Contact (email or phone r	umber)	COUNSELOR REVI	EW	
My signature verifies that I have parents and have reviewed the co				
Counselor Name		Counselor Signature		Date
Approved Denied (Explain :)
	ADM	IINISTRATOR REVIEW		
Administrator Name		Administrator Signatur	re	Date