

PURPOSE: This form is only for seniors requesting a reduced schedule. This form is NOT for students requesting CCP. For your request to be accommodated, please return prior to March 28, 2025. We cannot guarantee your request if submitted after March 28, 2025.			
Studen	ent Name:	Grade Level (25-26)	
Studen	ent Email Address:	@students.wpcss.net	
Parent	nt Email Address:		
-	uest permission for my student to have the following period(s) of r ease note that students must be enrolled in a minimum of two AFH:	-	
Se	ck all that apply: Periods of release time (the class periods where y Semester 1: Period 1 Period 1 & 2 Period 3 & 4 Semester 2: Period 1 Period 1 & 2 Period 3 & 4	4 🖵 Period 4	
Reasor	son: My student is requesting permission to have early release for t	the following reason(s):	
Please	se read the following carefully. By requesting early release or l	ate arrival, you are agreeing to the following:	
1.	1. Students are not permitted to be on campus during the approved form, you are stating that you have transportation arranged. Ha of being assigned a parking space.		
2.		25-2026? 🛛 Yes 🖵 No	
3.	3. It is the responsibility of the student / parent to contact any app verify that a reduced class load will not affect an application fo		
4.		ave already been sent to colleges / universities;	
5.	5. Student drivers should remember that NC state law requires stu coursework each term. Students with a reduced course load wh	<u>^</u>	

6. Early release or late arrival approval is subject to review at any time by the school's administration. Any student who does not meet the expectations around early release / late arrival or who is at risk of not graduating is subject to this approval being revoked.

Date

Student Name: _____

List the course(s) you would like *removed* from your course requests / schedule if you are approved for early release / late arrival. Put them in priority order by listing your first choice to remove as number one, etc.). Please note, if submitted after the March 28, 2025 deadline, changes will be subject to course availability.

1				
2.				
3.				
4				
Comments:				

COUNSELOR REVIEW

My signature verifies that I have reviewed the student's record; this student is on track for graduation in the 2025-2026 academic year.

Counselor Signature

ADMINISTRATIVE ACTION

_____ Approved

_____ Denied

Explanation if Denied:

Signature