



INSTRUCTIONS

Parents must complete this form for rising seniors registering for fewer than 8 credit hours. **Student Services does not recommend modified schedule for college-bound students.**

Completed and signed Modified Schedule Agreements must be submitted to Student Services no later than the tenth day of the effective school year.

STUDENT INFORMATION

Student's Legal Name

| Power School Number | Current Grade Level | Primary Phone Number | |
|--|------------------------|----------------------|--|
| | | () - | |
| Period(s) requested (Note: Based on the number of courses you register for, you schedule will be filled with Modified Schedule during the block(s) you choose below) | | | |
| 1st Block only 4th block only | 1st AND 4th blocks 3rd | AND 4th Blocks | |

PARENT/LEGAL GUARDIAN WRITTEN REQUEST

Modified Schedule is a privilege given to SENIORS by the principal and is designed to give students the opportunity to have a late start or leave school early in order to accommodate students' extra-curricular schedules. The student must agree to the following terms:

- The student agrees that this is a privilege and is subject to revocation.
- The student agrees to leave not be on campus when not in a scheduled class. That means students with late start may not enter the building before the bell ends dismissing first block and must leave campus immediately once they have completed their last scheduled class. The student and parent/guardian understand that the school is not liable for the student when he/she is not on campus due to a modified schedule.
- The student waives the right to take a full schedule and has determined with his/her counselor that he/she will be able to fulfill ALL graduation requirements with a modified schedule.
- All athletes must be enrolled in a minimum of 6 classes in order to retain athletic eligibility. All questions regarding academic eligibility for athletics should be directed to the athletic director or coach.
- The student is aware of any potential college/university admissions policy regarding modified schedule.

| Signature of Parent/Legal Guardian | | Date (mm/dd/yyyy) |
|-------------------------------------|--------|-------------------|
| Signature of Student | | Date (mm/dd/yyyy) |
| | | |
| INTERNAL USE | | |
| Approved | Denied | Comments |
| | | |
| Signature of Counselor or Principal | | Date (mm/dd/yyyy) |
| | | |