I hereby request permission for my child, _____, to have early release and/or late start for the 2018-2019 school year. I understand that this application is a not a guarantee and that in order to obtain the credits needed for graduation this may not be possible for the requested semesters/times. **I also understand that this application must be submitted by August 15, 2018.**

☐SEMESTER 1:   ☐1st period   ☐4th period   ☐1st and 4th periods
☐SEMESTER 2:   ☐1st period   ☐4th period   ☐1st and 4th periods

I am requesting this release for the following reason(s): Please write a statement below or attach a letter. Failure to list a reason voids the request.

    ☐   Student is participating in an off-campus Internship
    ☐   Student is taking a class at an area college/university
    ☐   Student has a job and is working approximately _____ hrs. per week.
    ☐   Personal Hardship. Please explain:_____

_____

ALL SENIORS REQUESTING EARLY RELEASE/LATE START MUST HAVE THEIR OWN TRANSPORTATION TO AND FROM CAMPUS. STUDENTS MAY NOT REMAIN ON CAMPUS DURING A TIME WHEN THEY DO NOT HAVE A COURSE SCHEDULED.
    ☐ My student drives to school.
    ☐ Parent/guardian will pick up/drop off student in the main circle.

Please check one of the statements below:
    ☐My signature verifies that I have **contacted the college/university** my student is applying to and determined that a reduced course load because of early release and/or late start will not affect my child's admission.
    ☐My child does not plan to attend college/university.

_____   _____
Student Signature   *Parent Signature*

_____   _____
WCPSS Student Email – Will receive email if not approved,   *Date*
check Power Schools for acceptance.

Counselor Review
My signature verifies that I have reviewed this student's credit history and they currently have _____ credits at the end of the Junior Year: _____.

_____   _____
Counselor Signature   *Date*

Principal Action
    ☐Approved   ☐Denied   ☐Conditions – *see reverse*

_____   _____
Principal Signature   *Date*