

Leesville Road High School
Release Request Form

Student Name: _____ Student ID # _____

Student Email: _____ School Year: _____

Unless approved by administration, students may not have a single release period during 2nd period and 3rd period only. A 2nd period release must be paired with a 1st period release. A 3rd period release must be paired with a 4th period release.

_____ SEMESTER 1 _____ 1st Period _____ 2nd Period _____ 3rd Period _____ 4th Period

_____ SEMESTER 2 _____ 1st Period _____ 2nd Period _____ 3rd Period _____ 4th Period

If Release Time is approved, the student should list the classes he/she wishes to drop from his/her class selections. The number of classes to drop should match the number of release periods requested.

I am requesting this release for the following reason: Please write a brief statement below or attach medical documentation if appropriate.

The parent initials and signature and student signature below verify the understanding of the following statements (Parents, please initial beside each statement):

- _____ **It is the student/parent's responsibility to contact any college/university's admissions office to determine that this request will not affect the student's admission status.**
- _____ Students must take and pass at least three classes per semester to be eligible for interscholastic sports. (This includes the current semester and the following semester, whether it be the Spring or Fall Sem.)
- _____ Students must have transportation to report to campus late or leave campus early.
- _____ ***Students are not allowed to be on campus during their release periods.***

_____ Parent Signature _____ Date

_____ Student Signature _____ Date

School Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and have communicated with his or her parents and have reviewed the conditions associated with promotion/graduation. This student is on track for graduation.

_____ Counselor Signature _____ Date

Principal Action

_____ Approved _____ Denied _____
Principal Signature _____ Date