

**Leesville Road High School
Release Request Form**

Parent/Student Request

Student Name: _____ Student ID # _____

Student Email: _____ School Year: _____

Students may only have a maximum of 2 release periods each semester (Check those that apply)

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

_____ **SEMESTER 2** _____ 1st Period _____ 1st & 2nd Period _____ 3rd & 4th 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 Semester)
- _____ 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