

**Leesville Road High School
Release Request Form**

Parent/Student Request

Student Name: _____ Student Email: _____

Release Periods (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

I am requesting this release for the following reason: Please write a brief statement below or attach a letter. Attach medical documentation if appropriate. Failure to list a reason voids the request.

Students must register for 8 classes. 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.

The parent and student signatures below verify the understanding of the following statements:

- 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.
- Students must take and pass at least three classes per semester to be eligible for interscholastic sports.
- 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