

**Leesville Road High School  
Release Request Form 2017-2018**

**THIS FORM IS DUE BACK TO YOUR COUNSELOR BY MARCH 31**

**Parent/Student Request**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Student Email: \_\_\_\_\_

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

\_\_\_\_\_ **SEMESTER 1** \_\_\_\_\_ 1<sup>st</sup> Period \_\_\_\_\_ 1<sup>st</sup> & 2<sup>nd</sup> Period \_\_\_\_\_ 3<sup>rd</sup> & 4<sup>th</sup> Period \_\_\_\_\_ 4<sup>th</sup> Period  
\_\_\_\_\_ **SEMESTER 2** \_\_\_\_\_ 1<sup>st</sup> Period \_\_\_\_\_ 1<sup>st</sup> & 2<sup>nd</sup> Period \_\_\_\_\_ 3<sup>rd</sup> & 4<sup>th</sup> Period \_\_\_\_\_ 4<sup>th</sup> 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