LEESVILLE ROAD HIGH SCHOOL
EARLY RELEASE REQUEST

Parent Request

I hereby request permission for my son/daughter, _____, to

have the following periods of release time for the school year _____
(Choose only one option for each semester):

☐ **SEMESTER 1** - ☐ 1st Period ☐ 1ST & 2nd Periods ☐ 3rd & 4th Periods ☐ 4th Period

☐ **SEMESTER 2 -** ☐ 1st Period ☐ 1ST & 2nd Periods ☐ 3rd & 4th Periods ☐ 4th Period

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

_____

_____

_____

_____

_____

Please check one of the statements below:

☐ My signature verifies that I have contacted the college/university and determined that early release will not affect my child's admission.

☐ My child does not plan to attend a college/or university.

_____ _____ _____
Student Signature *Parent/Guardian Signature* *Date*

Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and his or her parents, and have reviewed the conditions associated with promotion/graduation. The student is on track for graduation. *Comments--see reverse*

_____ _____
Counselor Signature *Date*

Principal Action

☐ Approved ☐ Denied ☐ *Conditions—see reverse*

_____ _____
Principal Signature *Date*

LRHS Revised February 2005