

Return to Guidance no later than February 7th for 20-21 school year

RELEASE TIME REQUEST FORM

(This form is for release time only NO other class changes)

Student Name: _____ Grade: _____

Cell phone: _____ Counselor: _____

Credits Attempted _____ Credits Earned _____ Credits in Progress _____ Credits Needed _____

ECAP course to be dropped (DROP)

ECAP Course Requested* (ADD) (circle one)

_____ Late Start or Release Time

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Semester(s) (circle one or both) Fall Spring

Reason for request: _____

Parents and Students please read and initial the below statements:

_____ **SENIORS** you **MUST** be on track to graduate to be eligible for release time

Parent Student

_____ Release time **CAN** negatively affect class rank

Parent Student

_____ Release time **MAY NOT** work in your schedule depending on when classes are offered

Parent Student

_____ Students **MUST** have 3 courses during the Fall semester and 2 during the Spring.

Parent Student

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Approved Denied _____

Note: Changes to your ECAP could affect your needed pre-requisites in your Career Pathway.

*Requesting a course change does not guarantee placement in the class.

Please FOLLOW your current schedule until your request has been approved.

Check StudentVue to see if schedule has changed.

Office Use: Schedule changed on _____

Note in Synergy _____

Updated ECAP _____