

Shortened School Day Request

Student Name: _____ Grade level _____ Total # of free periods requested _____

Juniors and seniors wishing to have more than one yearlong free period, and freshmen and sophomores wishing to have one year long free period, must show a demonstrated need (i.e. medical) and be on track to graduate.

Information to be completed by school counselor

Diploma Type: ___Advanced ___Standard ___Applied Studies

Fine Art or Career Tech Ed credit: _____ Sequential Electives: _____

Credits Earned

___ English
___ Social Studies
___ Math
___ Science
___ World Language
___ EPF
___ Health and PE
___ Electives

Credits still Needed

___ English
___ Social Studies
___ Math
___ Science
___ World Language
___ EPF
___ Health and PE
___ Electives

If the free period will not be during 1st or 4th block
provide justification here:

SOLs Still Needed:

Information to be completed by student/parent

Post High School Plan:

___ College
___ Military
___ Employment
___ Other: _____

Justification for a shortened school day (feel free to attach a letter explaining the student's situation):

By signing this request, the student and parent are acknowledging that all efforts must be made to have the student's free period(s) at the beginning or end of the student's school day.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

FINAL PRINCIPAL APPROVAL: _____ Date: _____