Leesville Road High School
Release Request Form

Parent/Student Request

I request permission for my son/daughter, _____,

to have the following period of release time for the school year _____.

_____**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 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 release time will not affect my child's admission.
_____ My child does not plan to attend college/university immediately after high school.

_____ _____ _____
Student Signature Parent Signature Date

School Counselor Review

My signature verifies that I have reviewd 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

Leesville Pride