

EARLY RELEASE REQUEST

I \_\_\_\_\_ am requesting to be considered for an early release for one or more periods from Hardin Northern H.S. (no earlier than 1:45). I feel that I am eligible for this privilege because I have met the following criteria:

\_\_\_\_\_ 1. I am 18 years old, have scheduled courses to complete the graduation requirements and am requesting an adult schedule and early release at 2:30 (8<sup>th</sup> period only) NOTE: you need to have study hall 8<sup>th</sup> period to do this.

\_\_\_\_\_ 2. I am 17 or 18 years old, a senior, have an Ag SAE project, work study position, or am employed during school hours and have a copy of a valid work permit on file in the high school office and have scheduled courses to complete the graduation requirements during the 2007-2008 school year. NOTE: Can only release 7<sup>th</sup> and/or 8<sup>th</sup> period (must have study halls) and must enroll in the work study program with Mr. Simmons.

\_\_\_\_\_ 3. I am an underclassman who has an approved SAE program requiring me to work during the school day, approved and supervised by my Agricultural Education Instructor.

\_\_\_\_\_ 4. I am an underclassman who has an approved Work Study Job credit because of my enrollment in an approved special education program and supervised by the County Work Study Coordinator.

**\*\*\*\*\* I understand this privilege may be revoked and that I can be assigned to study halls if I become in danger of failing required courses for graduation or I have not passed all five parts of the Ohio Graduation Test. If employment or project is terminated, than the early release is also terminated.**

Period(s) Requested for release: \_\_\_\_\_ Date of Request \_\_\_\_\_

Student Signature \_\_\_\_\_

Employer/Supervisor Signature \_\_\_\_\_

**Parent's approval:**

I understand that my student is requesting an early release from school for the 2007-2008 school year. I approve of the request for the periods listed above. I realize that the student may be asked to return to school if employment is terminated or if they become in danger of failing a required course for graduation.

**\*\*\*\*\* If my child is an athlete, they must be passing 5 credits to be eligible.**

Parent's Signature: \_\_\_\_\_

**Guidance Counselor's Approval**

The above student has currently scheduled the classes needed for graduation.

Counselor's signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date Approved \_\_\_\_\_

Date release begins \_\_\_\_\_