

Title Student Schedules and Course Loads (Exhibit)
Number IIE-EA
Last Revised December 13, 2017

HIGH SCHOOL RELEASE TIME FORM

Student Name _____ Grade: 9 10 11 12

Student ID # _____ Campus: CVHS DRHS GHS HHS MHS GCA CVS

Your son/daughter has requested that he/she be granted release time during the school day for the **2022/2023** school year. **Release time is granted permission to leave campus for such activities as online classes, community college, work, etc. During release time, students are subject to discipline under the scope of the school's authority (JIC-Student Conduct).**

Students are required to be enrolled in a minimum of five credit-bearing classes per semester. Classes must be taken consecutively. Indicate below the number of periods your student will be released each semester. Total cannot exceed three periods per semester.

___ Number of release periods **first** semester/ ___ Number of release periods **second** semester

Students must provide their own transportation to accommodate release times. Students who loiter on campus are subject to trespass and discipline in accordance with Gilbert Public Schools *Student Conduct* Policies.

Administrators reserve the right to revoke release time privileges at any time.

Parent Name (Printed) Signature Date

Address City Zip Code

Home Phone Cell Phone Work Phone

Student Signature Date