



In PowerSchool _____
PLEASE DO NOT SCHEDULE UNTIL
FORM HAS BEEN RETURNED

SEMESTER _____ SCHOOL YEAR _____

Reduced Hour(s) Requested

(please check) **A DAY** 1st ___ 4th ___ **B DAY** 1st ___ 4th ___

Student Name: _____ Grade: _____

Birthdate: _____ Date form completed: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please Note: If a signed Reduced Schedule form has not been received prior to the start of the semester, your counselor may place you in an available in-person course.

Office Use Only

A reduced schedule is needed for one or more of the following reasons:

_____ A reduced schedule is requested to facilitate post high school education.

_____ A reduced schedule is requested for more study time.

_____ A reduced schedule is requested for employment reasons.

_____ A reduced schedule is requested for family reasons.

_____ Other: To complete online course outside of school or due to online course being completed.

_____ Other (explain): _____

Counselor signature _____ Date _____