

Stayton High School Free Period Request

Name: _____ Grad Year: _____ Today's Date: _____

Note: The administration and faculty at Stayton High School do not advocate a shortened day for students, as a complete schedule provides a wealth of experiences and opportunities to improve academic and professional skills. However, we do recognize that some have unique circumstances warranting a request for release(s).

INSTRUCTIONS

Fill out all areas of this form. All signatures must be included before a release can be granted. Return this form to the Counseling Office. Your counselor will review your request and notify you with a decision.

PLEASE CIRCLE PERIOD(S) TO BE ON RELEASE: 1 2 3 4

Students may only have a 2nd period release if accompanied by a 1st period release.
Students may only have a 3rd period release if accompanied by a 4th period release.

BY SIGNING THIS FORM, YOU AGREE THAT:

- TRANSPORTATION TO AND FROM SCHOOL IS ARRANGED BY THE STUDENT.
- DURING RELEASE, STUDENTS ARE TO BE OFF CAMPUS.

Student explanation of request (be specific): _____

Counselor Comments: _____ No Objections Objections *

*Explanation:

Student Signature _____

Date _____

Parent Signature indicating approval _____

Date _____

Counselor Signature _____

Date _____