RELEASE TIME APPLICATION

Name_____
Last First MI

A maximum of TWO (2) Release Periods may be granted per day, per semester.

To qualify for Release Time, you must:

- Be classified in the 12th grade with at least 20 credits
- Have passed all required STAAR/EOC tests
- Be enrolled in all deficient coursework required for graduation and courses that satisfy College Career Military Readiness (CCMR) requirements
- Have school and parent/guardian approval

Eligible students may designate their desired Release Time(s) by checking the appropriate boxes associated with the semester(s) you are requesting.

1st Period Release only	☐ Fall Semester	☐ Spring Semester	☐ Full Year
***2nd Period Release only**	☐ Fall Semester	☐ Spring Semester	☐ Full Year
***6th Period Release only**	☐ Fall Semester	☐ Spring Semester	☐ Full Year
7th Period Release only	☐ Fall Semester	☐ Spring Semester	☐ Full Year
1st and 2nd Period Release	☐ Fall Semester	☐ Spring Semester	☐ Full Year
1st and 7th Period Release	☐ Fall Semester	☐ Spring Semester	☐ Full Year
6th and 7th Period Release	☐ Fall Semester	☐ Spring Semester	☐ Full Year

***2nd Period Release only is available exclusively for students enrolled in a Flexible Scheduling course 1st period. *6th Period Release only is available exclusively for students enrolled in a Flexible Scheduling course 7th Period.**

** If approved, I wish to drop the following class(es) (.5 credit for EACH semester of release):

_____

I understand that I am not to be on campus during my scheduled release period and that it is my responsibility to arrange transportation to allow for this.

_____
Student signature

I give my student,_____, permission for a maximum of TWO (2) Release Time(s) to be placed into his or her schedule. I understand the CCISD FEF Regulations listed above and expect my student to remain in compliance.

_____
Parent/Guardian signature **(REQUIRED)**

INFORMATION BELOW IS TO BE COMPLETED BY SCHOOL OFFICIALS ONLY

Total State Credits: ____ Passed all STAAR/EOC**: yes ___ no ___**

_____ Approved_____Denied_____Date_____
Counselor's or Principal's signature