

Central York High School
Senior Request for Fewer Than 8 credits

Date Received

Purpose: To allow students to customize their senior year based on individual needs (*i.e. time to earn money towards college, establish a permanent job, identify a career field for future schooling, and/or foster interests in areas that might not be served by the elective courses offered at CYHS*).

Criteria for Eligibility:

- Student has earned 22 credits prior to the start of the senior year.
- Student must be able to complete graduation requirements within the school year (*28 total credits are required, including 4 English, 3 social studies, 3 math, 3 science and 2 Health/PE*).
- Student must have signed parental/guardian approval.

SECTION A: To be completed by student and submitted to the Counseling Office.

Student Name _____ Date _____

I request permission to take fewer than 8 credits my senior year for the following reason/s:

I understand:

1. I will not be eligible to participate in any CYHS athletic teams if I am not passing 5 credits in the year. All questions regarding eligibility should be directed to the Central York Athletic Director.
2. Some colleges/universities will look unfavorably upon a reduced course load.
3. My schedule cannot be rearranged to accommodate the free period of my choosing.
4. All students who arrive late or leave early must check in with the attendance office. All students are required to sign in/out every day.
5. All eligible students who have been approved to take fewer than 8 credits and do not have transportation to leave during their free period must stay in the HUB or other designated location.
6. If I later decide to not have a free period, there may not be space available in the classes I want.
7. All students who have have a first block and/or a second block class must report to CLC.

Signature of Student _____

SECTION B: Parent approval. To be completed by parent before student returns to the Counseling Office.

I understand the information described above and support my student's decision to take fewer than 8 credits this year. **I assume full responsibility for my student's safety when he/she is not on school property.** I verify that my son/daughter has scheduled the classes necessary to meet graduation requirements on time.

Parent / Guardian Signature _____ *Date* _____

SECTION C: Counselor Review

I have reviewed this student's record; this student is on track for graduation for the current academic year.

Counselor Signature _____ *Date* _____