GILBERT
PUBLIC SCHOOLS

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 they be granted release time during the school day for the 2026/2027 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.***

Students are required to be enrolled in a minimum of five classes per semester. Classes must be taken consecutively. Indicate below the number of periods your student will be released each semester. Total cannot exceed 2 periods per semester.

_____ Preferred release time hours **first** semester (*example: 6, 7*)

_____ Preferred release time hours **second** semester (*example 6,7*)

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

Revised 7/2026