UNION COUNTY PUBLIC SCHOOLS

Flex Day Application

The student must meet with a counselor and submit this application prior to the 5th day of each semester of anticipated participation.

Students may flex the beginning or end of their school day but may not have multiple arrivals or departures during the day.

Student Name: _____ School: _____

Grade: _____ Student ID _____

Name of Parent / Guardians _____

Address: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Counselor's Name (Please Print) _____

Counselor's Signature _____ Date _____

Academic Requirements				
English	English I _____	English II _____	English III _____	English IV _____
Math	Math I _____	Math II _____	3rd Math _____	4th Math _____
Science	Earth _____	Biology _____	Physical / Chemistry _____	
History	World _____	Civics _____	United States or American History I _____	Am. Hist II _____
Health & PE	1 Credit _____			
2 Electives – Art, World Language or CTE	1st Credit _____	2nd Credit _____		
4 Electives – CTE, Arts, ROTC or other Academic Area	1st Credit _____	2nd Credit _____	3rd Credit _____	4th Credit _____
CASP Completed				
Other Electives	1st Credit _____	2nd Credit _____	3rd Credit _____	4th Credit _____

	5th Credit _____	6th Credit _____		
UCPS Diploma				

Proposed Schedule
for Semester

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

_____ _____
Principal's Signature Date