

EARLY RELEASE

Early Release for Secondary Students

Purpose:

To establish procedures for processing a request by a student and a parent/guardian for approval of a program requiring less than full-time daily attendance.

Procedures:

Sequential Steps for processing a request for less than full-time attendance
(4 periods/day)

1. ** The student and parent/guardian must complete and submit a written request to the student's counselor
2. ** The counselor schedules a conference with the student to discuss the request and to review the transcript to make sure all necessary courses will be completed for graduation
3. ** The counselor's recommendation and proposed program and schedule are submitted to the principal/designee for approval or denial

Responsibilities:

The **counselor** is responsible for:

- ** Reviewing the request for approval or denial of part-time daily attendance
- ** Counseling the student
- ** Developing a schedule with the cooperation of the student to make sure all the requirements will be met for graduation
- ** Submitting a recommendation to the principal/designee for final approval or denial

The **principal or designee** is responsible for:

- ** Assuring that the student receives counseling and assistance in developing the proposed request
- ** Reviewing the recommendation of the counselor and approving or denying request
- ** Notifying the student and parents/guardians of the approval or denial of the request for early release via letter
- ** Maintaining records of all requests that are approved or denied

The **student** is responsible for:

- ** Submitting completed paperwork, including parent signature to school counselor
- ** Scheduling a meeting with school counselor to review transcript and discuss early release
- *** **Remaining in good standing in all classes**
- *** **Leaving campus completely within 10 minutes of last class**
- *** **Agreeing NOT to transport ANY student who does not have Early Release privilege**
- *** **FAILURE TO COMPLY WILL RESULT IN EARLY RELEASE PRIVILEGES BEING REVOKED**

NOTE: EARLY RELEASE STUDENTS MAY NOT EAT LUNCH ON CAMPUS.

**Early Release Application
Fuquay Varina High School**

Date: _____

Name: _____

School Year: _____

Fall Semester: _____

Spring Semester: _____

**We agree to the responsibilities associated with this
privilege: Yes or No**

Student Signature

Parent Signature

Official Use Only

_____ Transcript review reveals student is in good standing for graduation

_____ Request is **APPROVED**

_____ Request is **DENIED**

Counselor Signature

Principal/Designee Signature