

REQUEST FOR PART- TIME STATUS

Student's Name _____ **Grade** _____
(Last name, First name)

I request that my child's program be adjusted to accommodate the following:

Type of employment/ activity _____

Employer/ Supervisor _____ **Telephone** _____

Address _____

- 1. I understand that part-time status is a privilege and dependent on credit standing.**
- 2. I agree that it is my responsibility to notify the school counselor within one week upon termination of my child's employment/activity.**
- 3. I understand that my child may remain on campus only during the time of his/her scheduled classes.**
- 4. I release the school from all responsibility during those times that my child is not attending school for his/ her scheduled classes.**
- 5. I understand that my child must provide a letter from the employer on company letter stationery verifying employment and a current pay stub in order for the program change to be made**
- 6. I understand that my child will only have until the end of the 3rd term to request part-time status.**

Signature of Parent/Guardians

Date

Signature of Student

Date

COMPLETED BY SCHOOL PERSONNEL

This request is for:

- Employment**
- Early admission to college**
- Medical reason**

Student is to be on campus:

period 1____ period 2____ period 3____
period 4____ period 5____ period 6____
Wiki ____ Lunch ____

Other: _____

- 1. I have verified the conditions of this request. The student's credit standing is acceptable and meets graduation requirements.**

Counselor Date

- 2. I have double-checked the credit standing. It is acceptable and meets graduation requirements.**

Registrar Date

3. Return request to Registrar: Program change completed on _____

4. File with Office Clerk: Off-campus pass activated on _____