



High School Student's Request for Reduced Schedule

Student Name _____ Matric # _____

Home School _____

Number of credits earned _____ Date _____

What are your plans after graduating from high school?

- Job
- College
- Trade School
- Military
- Other _____

Please describe your needs in requesting a reduced schedule.

Student Signature _____ Date _____

Parent Signature _____ Date _____

<p>Office Use Only:</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____</p> <p>Signature of Administrator: _____ Title: _____</p>
