FUQUAY-VARINA HIGH SCHOOL
EARLY RELEASE REQUEST FORM

(A minimum of 22 credits is required to be eligible for Senior Early Release)

Student Name: _____ ID #: _____ Grade: _____

School Year: _____ Semester: _____Fall _____Spring

Reason for request: _____
_____

Carefully read the information below; your signature verifies that you understand and agree to the following terms:

1. Students are not eligible to participate on any FVHS athletic teams if they do not pass 3 courses the semester prior to any athletic participation. See your COACH with questions.

2. Seniors are responsible for contacting the colleges/universities to verify that a reduced class load will not affect their application for college admission.

3. Students are not permitted to be on campus during their approved early release time and must leave campus within 10 minutes of the last class.

4. Students are not to transport ANY student who does not have Early Release privilege.

5. Students are responsible for remaining in good standing in ALL classes.

FAILURE TO COMPLY WITH ABOVE TERMS WILL RESULT IN EARLY RELEASE PRIVILEGES BEING REVOKED.

_____ _____ _____
Signature of Student | Parent / Guardian Signature of Approval | Date

Counselor Review:

Transcript review reveals student is in good standing for graduation. (Current Credits: _____)

_____ Approved _____ Denied Explanation: _____

_____ _____
Signature of Counselor | Date

****

Administrative Approval is required for Early Release after 2nd Period.

_____ Approved _____ Denied Explanation: _____

_____ _____
Administrator Signature | Date

Revised 11/2015