Early Release Application

EARLY RELEASE

Definition: Early Release means attending periods 1, 2, and 3 only. (7:15 AM to 12:10 PM) **Students must provide proof that they have significant reason(s) for participating in the early release program.** A significant reason may include college enrollment, job opportunity, or medical restrictions. Such proof may include school registration, letter from employer, etc.

Jackson School Board Policy requires that participating seniors:

- Have a minimum of 100 credits accumulated in their first 3 years of high school. All students are to complete 130 credits to meet graduation requirements.
- Enroll in a minimum of three classes each semester.
- Return a permission form signed by parent or guardian.
- Notify their counselor of their intentions by May of their junior year.
- Not loiter on campus after the early release period.
- Provide own transportation. There will be no special bussing or preferential parking permits allotted.
- Adhere to all athletic eligibility requirements.
- Understand that no special schedule adjustments will be made to accommodate selective course requests.

SELECTION CRITERIA:

1. Students will complete a minimum of 130 credits and meet the graduation requirements established by the Jackson Board of Education.
2. Students will make a formal application by the end of their junior year.
3. Students must not require any special scheduling arrangements outside of the published master schedule. No special tutoring or waiving of subjects/courses will be permitted.
4. Students must provide proof of employment or academic (college/technical school) enrollment prior to the early exit semester.
5. Students that have not fulfilled state testing requirements, need academic remediation, or are not projected to graduate may lose early release privilege.

Student Name: _____ Date: _____

I have read the above Selection Criteria and hereby request permission to curtail my high school program for the purpose of Early Release

Signature of Student _____ Date: _____

Signature of Parent _____ Date: _____

PLEASE SPECIFY:

_____ Full Year _____Semester Two

_____ Semester One _____A/B (which day?)