



PARENT REQUEST FOR WAIVER OF FULL-DAY SCHEDULING REQUIREMENT

WAIVERS shall not be allowed until the Superintendent's Designee approves this form. Please allow a ten (10) day turnaround period for approval.

STUDENT ADDRESS

SCHOOL GRADE

REASON FOR REQUEST: EMPLOYMENT (Employer Certification required below) FAMILY OTHER

I understand that all students are required by Virginia regulations to maintain a full-day schedule and that a waiver may be granted in cases of employment, family reasons, or other good reasons.

VHSL Eligibility: I understand that in order to remain eligible to participate in high school activities and at the sub-varsity/varsity level in high school athletic activities, I must have passed at least 5 credit subjects...

VHSL Take 5: Students intending to participate in a VHSL sponsored activity should refer to the VHSL Handbook for scheduling eligibility requirements, which can be found at http://www.vhsl.org/doc/upload/pub:Handbook 2015-2016 pdf.

VIRTUAL COURSE SCHEDULE: Please share the number of courses this student is taking online outside of the physical school building (up to 3 per school year).

Explanation for request (attach supporting documentation if needed):

CERTIFICATION OF EMPLOYER (required if request is for reason of employment)

I certify that the above named student will be employed during the period (enter dates) to . The student will be employed on (circle days of employment) Monday, Tuesday, Wednesday, Thursday, Friday.

SIGNATURE OF EMPLOYER:

EMPLOYER'S NAME: PHONE:

COMPANY'S NAME:

COMPANY'S ADDRESS:

Proposed student arrival time is on "A" DAYS and on "B" DAYS. Proposed student release time is on "A" DAYS and on "B" DAYS.

I further agree to notify the school promptly if the reasons, time or day for which the request is made change. I certify that the reasons for this request as stated above are true and correct.

PARENT NAME \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_  
PARENT PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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To be completed by School Counselor:

**REVIEW BY SCHOOL COUNSELOR**

This student arrival time is \_\_\_\_\_ on "A" DAYS and \_\_\_\_\_ on "B" DAYS. The student release time is \_\_\_\_\_ on "A" DAYS and \_\_\_\_\_ on "B" DAYS.

I certify that the above named student, if a senior, is on track to fulfill all graduation requirements.

SIGNATURE OF SCHOOL COUNSELOR \_\_\_\_\_ DATE \_\_\_\_\_

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To be completed by Principal:

**RECOMMENDATION OF PRINCIPAL**

I certify that I have investigated the reasons for this request and make the following recommendation:

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS (If any) \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

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APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT or DESIGNEE

**Please email your Early Release Form for the 20-21 school year to [Suzanne.wyker@lcps.org](mailto:Suzanne.wyker@lcps.org) on or before June 12,2020.**

Refs: 8VAC-20-131-150  
§22.1-254 Code of Virginia

**Freedom High School  
EARLY RELEASE CONTRACT**



Student Name: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

***In order to be considered for early release, you must meet each of the criteria below. Your early release may be revoked if you violate any of the criteria shown below during the remainder of the school year.*** SW

\*Students who request 1 Early Release will have Eagles Connect/Study Hall for the 1<sup>st</sup> Quarter.

\*Students that request 2 Early Releases will have Eagles Connect/Study Hall for the 1<sup>st</sup> Quarter and may be granted an Early Release only after the second week of school.

**STUDENT AND PARENT TO INITIAL EACH CRITERIA:**

**Achievement Criteria:** *You must be on track to meet all testing & academic requirements for graduation.*

\_\_\_\_/\_\_\_\_ (student/parent initials) I understand that if I have not passed all SOL's required for graduation by the start of senior year, I will not have an Early Release; I also understand that during my senior year if I do not have a B average or higher in my courses required for graduation, and/or do not have a C average or higher in my elective courses, I will not have an early release.

**Attendance Criteria:** *You must maintain an excellent record of attendance*

\_\_\_\_/\_\_\_\_ (student/parent initials) I understand that if I have more than 3 unexcused tardies per quarter, or more than 3 absences from school or a class (excused or unexcused) per quarter, my Early Release(s) will be revoked.

**Citizenship Criteria:** *You must conduct yourself in a manner that reflects the positive values of our community and you are in good standing with FHS administration.*

\_\_\_\_/\_\_\_\_ (student/parent initials) If my behavior negatively impacts the education of myself or others and I am assigned to In-School Restriction or out-of-school suspension for any violation of school policy during any quarter, my Early Release will be revoked.

**Preparation Criteria:**

\_\_\_\_/\_\_\_\_ (student/parent initials) I have completed the Loudoun County Public Schools "Request for Early Release" form and it is attached to this contract.

**Email ,along with other form ,to [suzanne.wyker@lcps.org](mailto:suzanne.wyker@lcps.org) by June 12, 2020**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Students may apply/re-apply for Early Release after the first semester if they meet the following conditions:

- At least a C average in all courses
- No unexcused absences from school/class
- Fewer than 5 tardies to school
- Fewer than 6 absences from school/class (excused or unexcused)

Students may apply/re-apply for Early Release after the 3<sup>rd</sup> Quarter if they meet the following conditions:

- At least a C average in all courses
- No unexcused absences from school/class
- Fewer than 8 tardies to school
- Fewer than 9 absences from school/class (excused or unexcused)

**\*\*Appeals and exceptions to this contract may be made directly to an Assistant Principal or the Principal**