



IMPORTANT EARLY RELEASE INFORMATION

Seniors – to be approved for early release, you must complete this LCPS Early Release Form which includes both the Early Release Contract and the Parent Request for Waiver. Please save completed form to include all required Signatures and return it to your counselor via e-mail **.

Once your counselor receives the early release form, they will schedule a senior meeting with you to finalize the early release process.

Until that time, study hall will be reflected on your schedule, and you must remain in study hall for attendance purposes.

We appreciate your patience with this process.

****School Counselors****

Juniors & Seniors

A-G Mrs. Grim Candala.Grim@lcps.org

H-O Mrs. Frie Adria.Frie@lcps.org

P-Z Mrs. Cook Shelli.Cook@lcps.org



Loudoun Valley High School Early Release Contract 2020-2021

Student Name (please print) _____

Student email: _____ Cell: _____

Semester 1 2 of the **2020-2021** school year.
(indicate semester or both)

The student has been informed of, understands, and agrees to the following rules regarding early release.

- Early release, as part of the schedule, is a privilege and **may be revoked at any time** as deemed necessary by the administration particularly for **discipline issues, excessive tardies, poor attendance, failing grades, lack of SOL verified credits, and remediation purposes**. Grades will be checked with each report card.
- Early release students are **REQUIRED** to leave campus within 10 minutes of the end of the last period class within the student’s schedule.
- Early release students are to carry the early release pass with them at all times. If you don’t have your pass and your student ID with you, you will not be allowed to leave campus prior to 3:45 pm as an early release student.
- If a student wishes to stay to do work in the library or with a teacher, he/she must sign in the log book in the main lobby and obtain a visitor’s pass. Students must then sign out in the log book in the main lobby upon departure.
- It is at the discretion of the coach whether or not **athletes** can be released during their particular season of participation.
- Early release students understand that if they cannot meet ALL of the above guidelines, they will be assigned a study hall immediately.
- On days with an **altered bell schedule**, including but not limited to Activity Period days, I understand I must remain in school to the end of the full period before my early release period. I understand I must make prior arrangements to this effect with my employer.
- **PLEASE NOTE: This release is NOT in force when the school schedule is changed for standardized testing or late openings due to weather, or any other reason. Please emphasize to employers that standardized testing and any other school schedule change will override this contract for early release.**

I agree to the above rules as an early release student.

Student Signature

Date

Parent Signature

Date

Please return this contract and the appropriate Early Release Form to your counselor. If these forms are not returned, you will remain in study hall as assigned.



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: (Please check one)	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. I also understand the implications of this request upon **VHSL eligibility** _____ (*parent initials*) and **academic promotion / and on-time graduation** _____ (*parent initials*).

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, this student must have passed at least 5 credit subjects, or the equivalent at the end of the previous semester and be enrolled in at least 5 credit subjects or the equivalent during the current semester. Is this student taking **less** than five (5) courses for the requested school year? YES NO

VHSL Take 5: Students intending to participate in a VHSL sponsored activity should refer to the VHSL Handbook for scheduling eligibility requirements. Please use this link to access the handbook: <https://www.lcps.org/Page/191159>.

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. The student begins work at (*enter time*) _____. If the employment of this student terminates or if the period, days, or start time of employment changes, I agree to notify the above named school promptly.

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 _____

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 _____

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 _____

APPROVED _____ DENIED _____ DATE _____

SUPERINTENDENT or DESIGNEE

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