Application for **Early Release** *(circle one)*: Semester 1  Semester 2

Application for **Late Start** *(circle one)*: Semester 1  Semester 2

Name: ___________________________________________  ID# ____________________________

Criteria:
▪ Student did not fail any courses in the previous semester
▪ Student is on track to meet all graduation requirements
▪ Student has not had excessive absences in the previous semester
▪ ATHLETES: Please review IHSA rules & regulations, including that you are required to pass five (5) classes each semester in order to play.
▪ Students cannot have off campus lunch with Late Start or Early Release

Please explain in detail the reason(s) why you are seeking early release/late start during your Senior year and how it may benefit you.

________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Student Signature: ___________________________  Date: _________

Parent Signature: ___________________________  Date: _________

Dean: ___________________________________________  Date: _________

**Return completed form to Counselor** _____________ *(counselor initials)*

*Counselor and Dean approval based upon attendance, academic and disciplinary history*