



RELEASE TIME REQUEST FORM

Release time is the procedure whereby a high school student is allowed to leave school during normal school hours for the purpose of working or taking college level courses when such activities are not for credit toward graduation. Applicants should meet the following conditions as a minimum:

1. Have completed three years of high school, grades 9 - 11, by the time the request will be implemented.
2. Are able to meet all credit requirements by June of the year in which the request will be implemented.
3. Have met all High School Assessment requirements.
4. Have completed the Student Service Learning requirement.
5. Have completed the Career Preparation requirement.

PARENT SECTION (PLEASE PRINT)

I request that my child _____ be allowed to have release time from the school day for

Periods _____ for the following reason(s): College Course(s) Work Other

I recognize that the Howard County Public School System cannot be held responsible for the student once the student leaves school property. I also understand that my son/daughter must have transportation to his/her college or work. If the student does not have regular transportation, I understand that he/she will be scheduled into classes for the entire day. Depending on the enrollment date into these courses, the student may not earn credit. I also understand that the student should not be on school premises except for regularly scheduled classes and other authorized school activities. If the conditions upon which approval was granted change, I understand that it is my responsibility to inform the school of this change.

Mode of transportation on "A" days: _____ Contact information: _____

Mode of transportation on "B" days: _____ Contact information: _____

Street Address	City	Zip Code
Parent/Guardian Signature	Date of Application	Parent/Guardian Work Phone #
Student Signature	Date of Application	

EMPLOYER SECTION

Name of Firm/Business	Firm/Business Phone #
Address of Firm/Business	
Signature of Employer	Printed Name of Employer

COLLEGE SECTION

Name of College	College Phone #
Semester: _____ Number of courses student has registered to take: _____	
Signature of Registrar	Printed Name of Registrar

COUNSELOR SECTION

Courses for which student will be registered: 1. _____ 2. _____ 3. _____

4a. _____ 4b. _____ 5. _____ 6. _____

Having discussed this request with the student, I approve I do not approve _____

Counselor Signature

PRINCIPAL SECTION

I have reviewed this request and I approve I do not approve _____

Principal's Signature Date