

2022-2023
 East Lansing High School
 Request for a Part-Time/Reduced Schedule

Office Use Only

First Semester (Fall 2021) Second Semester (Spring 2022)
 Period: 1 6 Period 1 6

Student Section - to be completed by the student		
Name:	Grade Level:	Birthdate:
Address:	City:	
My reason(s) for requesting a part-time schedule*:		

Student Signature: _____

Parent Section - to be completed by the parent/guardian. Parent/guardian will be contacted for confirmation.	
I approve of my student's request for a part-time schedule for the 2019-2020 school year. I acknowledge that East Lansing High School has no liability if my student chooses to leave the high school building during their free period.	
Printed Parent Name	Telephone:
Parent Signature:	E-mail Address:

Counselor Section	
Counselor:	Date met with student and reviewed request:
I have reviewed this request with the student and believe that the student's best needs will be served by a Reduced schedule: ____ YES ____ NO	
Explanation:	
I have reviewed this request with the student and approve of them having a Part-Time schedule: ____ YES ____ NO	
Explanation:	
Schedule Approved:	<input type="checkbox"/> Part Time <input type="checkbox"/> Reduced
Principal's Signature:	Date Approved:

Application Deadline: Application must be received by May 28, 2021 for the 2020-21 school year. Late applications will not be accepted.

*** Please Note: Part-time schedules will only be approved for students for academic or medical (physical or social/emotional) reasons. Additional documentation may be required.**