

2024-2025  
East Lansing High School  
Request for a Reduced Schedule

**Office Use Only**

☐ First Semester (Fall)

☐ Second Semester (Spring)

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 reduced 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 2023-2024 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:

Schedule Approval:

☐ Approved

☐ Denied

Principal's Signature:

Date Approved:

**Application Deadline: Application must be received by August 29, 2024 for first semester and by January 24, 2025 for second semester for the 2023-24 school year. Late applications will not be accepted.**

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