



2025-2026
East Lansing High School
Request for a Reduced
Schedule

☐ First Semester (Fall)	Period ☐ 1 ☐ 6
☐ Second Semester (Spring)	Period ☐ 1 ☐ 6
Office Use Only	

Student Section: to be completed by the student

Name: Grade Level:

Reason(s) for requesting a reduced schedule*:

☐ Academic: Increased course load. For Example: I have 2 AP classes or 2 Dual Enrollment Classes or a combination of 1 AP class and 1 Dual enrollment class, 4 or more core classes, WTC and an AP class etc.

Explanation:

☐ Medical/Other

Explanation:

Signature: _____

Parent/Guardian Section: to be completed by parent/guardian

I approve my student's request for a reduced/part-time schedule. I acknowledge that East Lansing High School has no liability if my student chooses to leave the high school building during their off hour.

Name: Telephone:

Signature: E-Mail:

Counselor Section: to be completed by the student's counselor

I have reviewed the request with the student and believe that the student's best interest will be served by a reduced or part time schedule.

☐ Yes ☐ No

Explanation:

Signature: _____

Application Deadline: 1 week after the semester begins

****Please Note:** Part-Time/Reduced Schedules will only be approved for academic or medical reasons. Additional documentation may be required.