

2023-2024
East Lansing High School
Request for a Reduced Schedule

Office Use Only

☐ First Semester (Fall 2023)

☐ Second Semester (Spring 2024)

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 25, 2023 for first semester and by January 19, 2024 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.**