

REDUCED SCHEDULE REQUEST FORM

Student's Name _____ Grade: _____ hour(s)

Manchester School District - Manchester High School

Date form completed _____ School Year: 2017-2018

This student requests a reduction in scheduled classes (not fewer than 878.4 hours per school year) for the following reason(s):

- A reduced schedule is requested for dual enrollment
- A reduced schedule is requested for online high school course
- A reduced schedule is requested for co-op
- A reduced schedule is requested for a consortium class
- Other (please state reason) _____

Signatures:

Student	Date
Parent	Date

This student has my permission to either leave Manchester High School each day, or arrive late each day due educational opportunities. It is my understanding that students will not call home each day, but are expected to sign in or out via the high school office.

All students who arrive after the school day must sign in through the main office. All students who leave the building before the end of the school day must sign out through the main office.

REDUCED SCHEDULE APPROVAL

In our professional judgment, the student's educational needs would be best served by a reduced schedule (878.4 hours minimum in accordance with section 101 (9) (c) of the State School Aid Act). It is agreed that if the student fails to perform satisfactorily under a reduced schedule he/she will be required to return to a full schedule.

Permission for the reduced schedule has been granted for the requested reason in accordance with department policies as specified in the Pupil Membership Accounting and Auditing Manual.

Counselor/Principal	Date
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