



RELEASE TIME FORM

Student Name _____ Grade: 9 10 11 12

Student ID # _____ Campus: CVHS DRHS **GHS** HHS MHS GCA GLC

Your son/daughter has requested that he/she be granted release time during the school day for the 2016/2017 school year. **Release time is granted permission to leave campus for such activities as Global Academy classes, community college, work, etc. During release time, students are subject to discipline under the scope of the school's authority (JIC-Student Conduct).**

Students are required to be enrolled in a minimum of four Gilbert Public Schools credit-bearing courses per semester. Classes must be taken consecutively. Students may enroll in a combination of campus and Global Academy courses.

Indicate below the number of periods your child will be released each semester.

Preferred periods of release 1st semester _____ / Preferred periods of release 2nd semester _____
(Preferred periods are not guaranteed and will be determined upon completion of the master schedule)

Students must provide their own transportation to accommodate release times. Students who loiter on campus are subject to trespass and discipline in accordance with Gilbert Public Schools *Student Conduct Policies*.

Administration reserves the right to revoke release time privileges at any time.

Parent Name (Printed) _____ Signature _____ Date _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Student Signature _____ Date _____

Return to Registration Coordinator

Revised 01/11/16