

**GENERAL MCLANE HIGH SCHOOL
RELEASE PROGRAM APPLICATION**

2020-2021

Request: Term 1 _____ Term 2 _____ Term 3 _____ Term 4 _____

Student Name _____ Date _____

Reason(s) for wanting to be on release

If approved, I agree to abide by the following:

- 1) I am a senior and am registered for all the required graduation credits. I am eligible for release during 4th period for a maximum of two (2) terms.
- 2) I will not be in the school building during my release period without prior permission from an administrator.
- 3) I will follow the school schedule on early dismissal days, activity period days, ect. Students with C lunch may leave following 3rd period.
- 4) I understand that owed obligations to the school (detentions, money, books, etc) will make make ineligible for release.

I agree that to be on the release program is a privilege and that privilege can be revoked for violations of the General McLane High School Student Behavior Code or any of the above limits.

Student Signature _____

Parent Signature _____

Senior Counselor _____

Administrator _____