



APPLICATION FOR INDEPENDENT STUDY/HOME RELEASE

Student _____

Grade _____

Phone Number _____

Period(s) Requested _____

Mark all that apply

I Understand That Independent Study/Home Release....

- is a privilege.
- is for seniors only.
- takes the place of a class period during the school day.
- does not generate credit of any kind.

I Understand That To Be Approved for Independent Study/Home Release a Student....

- must be ahead in graduation credits.
- have parental permission for release.
- must leave campus .

I Understand That Upon Approval for Independent Study/Home Release, the Parent....

- is solely responsible for the student's well-being during the period of release.
- releases _____ from all liability.
(Name of School)
- takes full responsibility for assuring missing credits are recovered if graduation is sought.
- understands that the student's Social Security benefits may be reduced.
- _____

Students and parents who sign this application acknowledge and agree to the above conditions and understand the student is released from school during Independent Study/Home Release periods.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ Date _____