

Student Schedules and Course Loads



RELEASE TIME FORM

Student Name _____

Grade: 7 8

Student ID # _____

Campus: SVJHS

Dear Parent:

You have requested that your son/daughter take Independent Physical Education and be granted release time during the school day for the 20___ / 20___ school year during the class period.

Indicate the semester(s) your son/daughter will take Independent Physical Education:

_____ **First** semester _____ **Second** semester

Release time will be granted during the first and last period of the day. Students are required to be enrolled in a minimum of five class periods per semester. Classes must be taken consecutively. Independent Physical Education may be repeated for up to 1 credit of junior high school course credit. Parents must provide transportation to accommodate release times. Students who loiter on campus are subject to trespass and discipline in accordance with Gilbert Public Schools JIC-Student Conduct Policies.

Administrators reserve the right to revoke release time privileges at any time.

Parent Name (Printed) _____ Date _____

Address _____

Home Phone _____ Work/Cell Phone _____

Parent Email _____

Parent Signature _____