

Student Schedules and Course Loads



RELEASE TIME FORM

Student Name _____

Grade: 7 8

Student ID # _____

Campus: SVJHS

You have requested that your student be granted release time during the school day for the 2025/2026 school year. Please indicate below the semester(s)/period(s) for which you are requesting a Release Time for Independent PE:

_____ First Semester (1st hr)	_____ Second Semester (1st hr)
_____ First Semester (7th hr)	_____ Second Semester (7th hr)

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 _____

Return to School Counselor