



Killeen Independent School District

Senior Application to Take a Reduced Class Load

Name: _____ ID# _____

Date: _____ Request for: Fall Semester _____ Spring Semester _____

All criteria listed below must be met in order to take a reduced class load. A new application must be submitted at least three weeks prior to the end of a semester in order to be considered for the following semester.

Criteria	Counselor Signature	Notes
1. Student has met all state assessment (EOC) requirements for their graduating class.		
2. Student is a fourth year senior with at least 21 credits earned.		
3. Student is on the Foundation with Endorsement High School Plan.		
4. Student has met the CCMR indicator.		
5. Student has obtained parent/guardian consent for a reduced class load.		

Exceptions to criteria 1-3 may be considered if approved by the ARD or 504 committee.

Rules for Reduction of Class Load

1. All criteria must be met.
2. Students may be scheduled for a release period during first, third, fourth, fifth, sixth or seventh period.
3. Students who remain on campus during a release period must have prior approval of a teacher or campus administrator and must be engaged in supervised academic work during the entire period.
4. Students not engaged in supervised academic work must leave the campus.
5. Students found in violation of these rules will receive a warning on the first offense. On the second offense, students will be enrolled in a course(s) in replacement of the off period(s).

By signing this application to take a reduced class load, I understand that my child will only be enrolled in five or six classes and will be released to leave campus for one or two class periods of instruction. I understand that my child is expected to follow all rules listed above. I understand that failure to follow these rules will result in my child being enrolled in a course(s) to replace the release period(s) and forfeit of future opportunities for release periods.

Parent Signature

Date

By signing this application to take a reduced class load, I understand that I will only be enrolled in five or six classes and will be released to leave campus for one or two class periods of instruction. I understand that I am expected to follow all rules listed above. I understand that failure to follow these rules will result in my enrollment in a course(s) to replace the release period(s) and forfeit of future opportunities for release periods.

Student Signature

Date

I would like my release period(s) to be :

- | | |
|---|---|
| <input type="checkbox"/> 1st [3406] | <input type="checkbox"/> 5 th [3417] |
| <input type="checkbox"/> 3 rd [3411] | <input type="checkbox"/> 6 th [3418] |
| <input type="checkbox"/> 4 th [3414] | <input type="checkbox"/> 7 th [3419] |

If I am approved for a reduced class load, please drop the following courses:

