**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 <u>at least three weeks prior to the end of a semester</u> 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 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 my release period(s) to be :
__ 1st [3406]      __5th[3417]
__3rd[3411]      __6th[3418]
__4th[3414]      __7th[3419]

If I am approved for a reduced class load, please drop the following course(s):

_____

_____