



NORTHAMPTON COUNTY SCHOOLS
EARLY RELEASE REQUEST

APPLICATIONS DUE OCTOBER 31

STUDENT NAME: _____ **Date:** _____

NCWISE ID# _____ **Date of Birth:** _____ **Age:** _____

STUDENT'S SPECIFIC REASON FOR REQUEST: (Please Print)

Parent/Student Request (To be Completed by Parent)

I request permission for my son/daughter, _____

to have early release beginning Second semester of their senior (school year) _____.

My son's/daughter's post secondary plans are (check one):

Four-year College Two-year College Work Other _____

My signature certifies that I have communicated with my child's school counselor, have carefully reviewed my child's record and believe this action to be in his/her best interest; that I am fully aware that my child will continue to be considered a student enrolled in Northampton County Schools for a minimum of two periods each day:

- This request will be made based on the availability of required courses for the periods necessary to facilitate early release.
- If approved for early release, I understand that the school will not provide special transportation to and from school.
- I understand that it is my responsibility to maintain contact with the school for graduation events, senior pictures, supplies, etc.
- He/She shall not have rights to be on campus except as a visitor and under conditions which apply to all visitors during times that they are not in scheduled classes.

Parent Name (Print)

Parent Signature

Date

Student Name (Print)

Student Signature

Date

School Designated Witness Name (Print)

School Designated Witness Signature

Date

COMPLETE APPLICATIONS ARE DUE IN THE SUPERINTENDENT'S OFFICE
NO LATER THAN OCTOBER 31 IN ORDER TO BE CONSIDERED FOR SPRING EARLY RELEASE.



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TO BE COMPLETED BY COUNSELOR:

Conference Date(s): _____

Credits Completed: _____

Current Unweighted GPA: _____

Rank in Class: _____

SAT/ACT Scores: _____

Dual Enrollment: _____

Courses/Credits Needed:

English Course(es) _____

Math Course(es) _____

Science Course(es) _____

Social Studies Course(es) _____

Other Course(es) _____

**Documentation to be attached-
(i.e. copy of SAT/ACT scores, college letter of intent, high school transcript, employment confirmation)**

Counselor Comments: _____

Counselor Signature

Date

____ YES THE STUDENT'S SCHEDULE CAN BE ADJUSTED TO
ACCOMMODATE EARLY RELEASE.

____ NO THE STUDENT'S SCHEDULE CANNOT BE ADJUSTED TO
ACCOMMODATE EARLY RELEASE.

Principal's Recommendation: _____

___ Approved ___ Denied

Principal Signature

Date

Superintendent's/Designee Recommendation: _____

___ Approved ___ Denied

Superintendent's/Designee Signature

Date