



604.09F ALTERNATIVE SCHEDULING APPLICATION

Application Deadline Date: February 1

Date Received: _____

Student's Name: _____

Address: _____

School: _____ Grade: _____

Parent/Guardian: _____

Reason for Request: _____

Class(es) Subject to Alternative Scheduling: _____

Dates Subject to Alternative Scheduling: _____

Conditions for the Alternative Scheduling Plan (this is an agreement between the school and family and may include grade requirements, outside resources that will be used, attendance criteria, etc., please feel free to attach additional information.)

I have read and understand the above policy and procedures regarding Alternative Scheduling. I have attached a training program and/or other material outlining the program. I am willing to provide any additional supporting materials as needed. I have met with the teacher, counselor and/or principal where appropriate.

Student Signature: _____

Parent/Guardian Signature: _____

Approved

Denied:

Principal Signature: _____ Date: _____

*Return completed application to Building Principal no later than **February 1** the year preceding the alternative schedule.*