

Reduced Schedule Request and Approval Form

Reduced Schedule Request

Today's Date: _____

Student's Name: _____

Birth Date: _____ Grade: _____

School District: _____ Building: _____

Date Form Completed: _____ School Year: _____

This student requests a reduction in scheduled classes (not fewer than 770 hours per school year) for the following reason(s):

Reduced Schedule Approval

In our professional judgment, the pupil's educational needs would be best served by a reduced schedule (878.4 hours minimum in accordance with section 101 (9) (c) of the State School Aid Act). It is agreed that if the pupil fails to perform satisfactorily under a reduced schedule he/she will be required to return to a full schedule.

Permission for the attached (attach copy of schedule) reduced schedule has been granted for the requested reason in accordance with Department policies as specified in the Pupil Membership Accounting and Auditing Manual.

Counselor/Authorized Representative

Date

Title

Date

Principal

Date