

**Arundel High School**  
**2016-2017 Partial Schedule Request**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Parent/Guardian Work #: \_\_\_\_\_

Reason for request:

Early College Access Program (AACC) \_\_\_\_\_

Career Internship/Work-Based Learning \_\_\_\_\_

Early Release \_\_\_\_\_

Other \_\_\_\_\_

Students must meet the following conditions (*to be completed by counselor*):

- |                                     |  |                           |
|-------------------------------------|--|---------------------------|
| 1) Have at least 20 credits         | Credits: _____                         | Counselor<br>Verification |
| 2) Have at least a 2.0 GPA          | GPA: _____                             | _____                     |
| 3) Have at least 96% attendance     | Attendance: _____                      | _____                     |
| 4) Have met graduation requirements | Testing____ Service Learning____       | _____                     |
| 5) Have taken an Honors class:      | Yes ___ No ___ Currently Enrolled ____ | _____                     |

List the courses you plan to **take** (must be at least 4):

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

Preferred Partial Schedule: \_\_\_\_\_ 2-2 Partial (2 classes on A days/2 classes on B days)  
\_\_\_\_\_ 4-0 Partial (4 classes on alternating days)



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Reminders:

1. Registration for a partial schedule does **not** guarantee that you will receive a parking permit.
2. Your partial schedule is dependent upon class availability. Approval does not guarantee that your classes will be offered based on your initial request.
3. **If you are applying to colleges, it is recommended that you contact the college's admissions offices to inquire about how a partial schedule may impact your application.**

The parent and/or student agree to provide necessary transportation so that the student arrives and leaves at the times designated by the school. **Students who are approved for partial schedule must leave campus after their last scheduled class.** Failure to do so will be considered trespassing and may result in revocation of the opportunity to have a partial schedule.

Please  check the appropriate item below:

\_\_\_\_\_ My student drives. Tag number: \_\_\_\_\_

\_\_\_\_\_ My student will walk/bike home.

\_\_\_\_\_ My student will be given a ride home by: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

If approved, you will be issued a partial schedule card. You are required to present the card upon request of a teacher or administrator when leaving the school building.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*\*Please return completed forms to your counselor*

<i>Counseling Office Use Only</i>			
Partial Approved: ____	Partial Denied: ____	Initials: _____	Date: _____