NBHS Release from Campus Request Form

Student's Full Legal Name:		
Student ID:		**School Year: 2025-2026**
School Name:		**Home Phone:**
Parent/Guardian Name:		**Cell Phone:**

Parent/Student Request

Release Periods Requested (mark all that apply)

☐ **Period 1** ☐ **Period 2** ☐ **Period 3** ☐ **Period 4**

I am requesting Release from Campus Periods during the school day for the following reason(s):
Please write a brief statement below or attach a letter. Attach medical documentation if appropriate. Failure to list a reason voids the request.

If you are dropping a class to have a release from campus, please list the classes below that the student wishes to drop should the release be approved.
The number of classes listed to drop should match the number of release periods requested above.

Drop 1: **Drop 2:** **Drop 3:** **Drop 4:**

By signing below, we (parent/student) verify the understanding of the following statements:

- It is the student/parent's responsibility to contact the admissions offices of the post-secondary institution to determine that Early Release Periods will not affect the student's admission.
- Students must take and pass at least _____ classes per semester to be eligible for interscholastic sports.
- Students must take and pass at least _____ classes per semester to keep a drivers' license or permit.
- Students must have transportation to report to campus late and/ or leave campus early.
- Students are not allowed to be on campus during their release periods.
- Students will be responsible for maintaining contact with their homeroom teachers and reviewing information posted in grade level Google Classrooms to ensure they are informed about school activity, expectations, schedule changes, etc.
- Students will be responsible for reviewing daily announcements posted on the school website about important dates and activities.

Parent Signature _____ **Date** ___/ ___/ _____

Student Signature _____ **Date** ___/ ___/ _____

School Counselor Review

My signature verifies that I have reviewed the above named student's record(s), have conferenced with the student, have communicated with his/her parent/guardian, and have reviewed the conditions associated with promotion/graduation with both parties. This student is on track for graduation.
School Counselor Signature _____ **Date** ___/ ___/ _____

Principal Action

☐ **Approved** ☐ **Denied**	**Principal Signature** _____ **Date** ___/ ___/ _____