***** Due to the office secretaries the day after CCP registration closes for PH on May 15th and December 15th each semester.*****

PATRICK HENRY HIGH SCHOOL
CCP CLASSES

Name of Student: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Student Phone Number: _____

CCP Courses Enrolled in:

College: _____ **Course Title:** _____ **Semester:** _____
College: _____ **Course Title:** _____ **Semester:** _____
College: _____ **Course Title:** _____ **Semester:** _____
College: _____ **Course Title:** _____ **Semester:** _____
College: _____ **Course Title:** _____ **Semester:** _____

***If you plan to come to school the days you do not have your CCP course, please sign in the HS office first. You may stay in the HS library during this time.**

Time of day leaving school/coming late for CCP classes (include travel time) Semester 1. *Please note if this is the time you are coming late OR leaving school: _____
Time of day leaving school/coming late for CCP classes (include travel time) Semester 2. *Please note if this is the time you are coming late OR leaving school: _____

I hereby certify that to the best of my knowledge, the above information is true and accurate to date and that _____ **has my permission to leave Patrick Henry early/come in late for CCP classes. I also understand that this document is NOT valid until approved by Mr. Wagner (you will receive an email verification).**

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____