



## APPLICATION FOR INDEPENDENT STUDY/HOME RELEASE

Student \_\_\_\_\_

Grade \_\_\_\_\_

Phone Number \_\_\_\_\_

Period(s) Requested \_\_\_\_\_

*Mark all that apply*

### **I Understand That Independent Study/Home Release....**

- is a privilege.
- is for seniors only.
- takes the place of a class period during the school day.
- does not generate credit of any kind.

### **I Understand That To Be Approved for Independent Study/Home Release a Student.....**

- must be ahead in graduation credits.
- have parental permission for release.
- must leave campus .

### **I Understand That Upon Approval for Independent Study/Home Release, the Parent.....**

- is solely responsible for the student's well-being during the period of release.
- releases \_\_\_\_\_ from all liability.  
*(Name of School)*
- takes full responsibility for assuring missing credits are recovered if graduation is sought.
- understands that the student's Social Security benefits may be reduced.
- \_\_\_\_\_

Students and parents who sign this application acknowledge and agree to the above conditions and understand the student is released from school during Independent Study/Home Release periods.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_