

# REDUCED SCHEDULE REQUEST FORM

(To be completed by PARENT)

|  |                                   |
|--|-----------------------------------|
| <b>Student:</b>                                  | <b>School Year:</b> 2016-17       |
| <b>School District:</b> Avondale School District | <b>Building:</b> Avondale Academy |

Parents may request a reduced schedule for their son/daughter based on the following: **economic need** (must work during school hours), **family need** (care for family member), **educational need** (dual enrollment) or **medical need** (medication, physical therapy, or diagnosis indicating reduction need). Please be specific and be prepared to provide documentation or verification. **NOTE:** The State Department of Education has determined that a reduced schedule may not be granted if the stated reason is that the student does not need the additional (required) hours to graduate. There must be an educationally sound reason.

I am requesting a reduction in scheduled classes for my son/daughter (not to total less than 80 percent of the minimum required hours) because (explanation required):

---

---

---

---

---

---

---

---

---

---

It is agreed that if the student **fails to perform** satisfactorily under a reduced schedule, he/she will be required to **return to a full schedule**.

## SIGNATURES

Student \_\_\_\_\_

Parent (student is under 18) \_\_\_\_\_

*State School Aid Action Section 101 (8)(c) states: "A pupil in grades 9 to 12 for whom a reduced schedule is determined to be in the pupil's best educational interest must be scheduled for a number of hours equal to at least 80 percent of the required minimum number of hours of pupil instruction to be considered a full-time equivalent pupil."*