NORDONIA HIGH SCHOOL
7th PERIOD EARLY RELEASE OPTION APPLICATION

Have study hall all school year: ____Yes
____First Semester Only
____Second Semester Only

This form is good for the time frame indicated below pending revocation due to other circumstances.

1. **School Year**: _____-_____

2. **Student Name:** _____ **Grade** _____

3. **Address:** _____

4. **Phone Number:** _____

- **Schedule changes will not be made to accommodate student requests for this option, nor will a change be granted if it will result in a class or classes being overloaded.**

- **Finally, dropping a class to create a study hall to qualify for this option is specifically prohibited.**

- **Early release students must leave school property before the beginning of seventh period or the early release will be revoked for the duration of that semester.**

The signatures below indicate receipt, acknowledgement and parent/guardian approval of the early release for the current school year. Thank you very much!

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

PARENT DAYTIME PHONE_____