

**REQUEST FOR SENIOR WORK RELEASE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

request that my student be released from attending classes on a fulltime basis as identified below:

School Year: \_\_\_\_\_ Periods of non-attendance: \_\_\_\_\_  
(include semester) (must be consecutive, beginning no earlier than period 7)

I submit that my student has appropriate academic status for graduation, and I authorize part-time attendance. I release the Gibbon Public School District from liability for my student during the periods of the school day from which he/she is released.

I understand that my student must be off campus during the periods of release. If my student is involved in extracurricular activities after school, my student may not return to campus prior to the dismissal bell. Loitering on campus during the periods of release may result in consequences that may include, but are not limited to, the filing of trespassing charges.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Approved 4/14/2014

Reviewed 03/14/2016

Revised 04/11/2016