

# Goose Creek CISD Senior Early Release Application

## Student Information

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ ID#: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Students Initial on each line)

- \_\_\_\_ 1. I have at least 21 credits and have senior status.  
\_\_\_\_ 2. I am on the Foundation plus Endorsement Distinguished Level of Achievement (DLA) graduation plan.  
\_\_\_\_ 3. I am enrolled in courses that complete my DLA graduation requirements at the end of my senior year.  
\_\_\_\_ 4. I have met the passing standard on all sections of the EOC/STAAR. Pending results will be reviewed in August.  
\_\_\_\_ 5. I met the 90% attendance requirement for each course during my junior year.  
\_\_\_\_ 6. I do not have any outstanding obligations.  
\_\_\_\_ 7. I am signed up for a minimum of six credits for the year that produce a state credit. (student/office aide does not count)  
\_\_\_\_ 8. I understand it is my responsibility to contact any appropriate college/university's admissions office to determine if this request will affect my admission.  
\_\_\_\_ 9. I have met qualifying conditions 1-8 listed above and I am applying for early release for one or more of the following qualifying circumstance:

- Concurrent Enrollment       Employment, Internship, or Job Shadow Participation       Caretaker

## Concurrent Enrollment Information

Not Applicable

Name of College/University/School: Lee College      Location: Lee College Campus'  
Class(es) Enrolled: \_\_\_\_\_ Semester: Fall or Spring

Professor/Instructor: \_\_\_\_\_

*A copy of the student's college schedule must accompany this application. Students must apply each semester for early release.*

## Employment, Internship, or Job Shadow Information

Not Applicable

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer signature \_\_\_\_\_

*Student must submit a copy of his/her job or internship schedule signed by the internship supervisor to the counselor's office each semester. Students must apply each semester for early release.*

## Caretaker

Not Applicable

I am a caretaker for a person who is unable to care for himself or herself.

Parent/guardian signature: \_\_\_\_\_  
*Students must apply each semester for early release.*

## Student Agreement

I agree to the terms, conditions and additional provisions required for early release. I agree to submit the required paperwork and to make the necessary appointments and adjustments with the guidance office if I no longer meet these requirements. Please list the classes to be removed from your schedule: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

## Parent Agreement

I grant permission for my son/daughter to be released from school early. I verify that he/she meets one of the qualifying conditions. I agree to the terms, conditions and additional provisions required for early release.

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