## **ABUNDANT LIFE CHRISTIAN SCHOOL** INCREASED RESPONSIBLITY APPLICATION

| Student Name:   | Grad   | de 11   | 12  |
|---|--|---|---|
| Parent: Please fill out the requested information below and then return to accommodate an IR period at either the beginning or end of the day, you questions regarding an early release or late start may be directed to Mr.  | may apply fo   | r this sched  |   |
| Does your student currently have a study hall either during 1st or 9th period   | od?  | □ Yes   | □ No  |
| <ul> <li>Qualifications for Increased Responsibility:         <ul> <li>Students must have a study hall scheduled during 1st or 9th period.</li> <li>Students cannot be on academic or behavioral probation.</li> <li>Students cannot have a pattern of incomplete assignments or failing (outstanding incompletes make a student ineligible for the Increased the incomplete and until teacher reports change in grade).</li> <li>Students cannot have a "D" or "F" grade at mid-quarter or on the qu has not been granted or was lost after a grading period, students may quarter grading period).</li> <li>Students who are suspended will lose this privilege; consultation bet necessary to determine the period of ineligibility.</li> <li>Students must be in good standing: doing all schoolwork on time and detention problems, no habitual tardiness or absenteeism, as well as More than 5 unexcused tardies in a quarter will result in a period of</li> </ul> </li> <li>Cautions:         <ul> <li>We do not allow students to drop a class in order to be eligible.</li> <li>Student schedules will not be changed in order to make increased renot the intent of the program.</li> </ul> </li> <li>What is the reason for requesting increased responsibility?</li></ul> | Responsibility arter report car y renew the requirement the parend to the best of maintaining goineligibility. | Program for<br>d (if early request at the nat, student and<br>their ability<br>pod classroo | or the period of elease/late start next midterm or and Principal is and with no and behavior. |
| Days of the week you are requesting increased responsibility (circle)?  | Mon. Tues  | s. Wed.   | Thurs. Fri.   |
| How will your child arrive/leave campus: ☐ Will be picked up  | □ Walk   | □ Has   | own vehicle   |
| If approved, I give permission for my son/daughterduring the specified days. I understand ALCS will release my child a otherwise requested in writing.  |  |   | e off campus<br>ment unless   |
| Parent Signature  | Date   |   |   |