

Combs High School

Religious Release Request

Please print legibly. A parent or guardian must sign the bottom portion and return this form to the Principal's office.

Student Last Name		Student First Name	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade during school year listed below <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

To the Principal of Combs High School:

I, _____, hereby request that the student named above, be released
Print full name

for one period during the school day during the 20__ school year for religious study. I understand release for religious study may cause my child to be credit deficient. My child will have the opportunity to take a class during A hour, Z hour, online or summer school in order to remain on track for graduation.

Please indicate which option you would like to select to regain credit:

- A Hour (before school)
- Z Hour (after school)
- Summer School (online offered through CHS)
- Drop a class from my schedule so I only have 5 classes

Printed Parent/Guardian Name	Parent/Guardian Signature	Date
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For Office Use Only

Class dropped: _____

Class Scheduled for A or Z hour: _____

Signature _____ Date: _____