Estero High School 2020-2021

SENIOR STUDENT EXEMPTION PERIOD(S) GUIDELINES AND AGREEMENT

Student Name:

Student ID:____

Students that are high school seniors and meet eligibility criteria, may be eligible for up to two exemption periods out of eight periods each semester. The senior exemption periods may be used by 12th grade students that meet **all** of the following:

| On track to graduate with their four-year cohort g | | | | |
|---|---------------------------|------------------------------|---------------------------------------|-------------|
| Student is on track regarding credits, minimur | n unweighted GPA, an | d required assessments | 5 | |
| Maintain at least a C in year-long courses required during second semester. | d for high school gradu | ation in order to remai | n eligible for senior exemption perio | ods |
| Parent/student must provide transportation. Transportation off campus shall occur immediation from staying on campus during exemption per | | dent's last scheduled cl | ass for the day. Students are prohib | pited |
| Submit a completed parent and student agreeme Administrator/School Counselor must persona as well as the agreement form must be docum | ally verify this form by | speaking with parent in | person or via phone. This commun | ication |
| The principal reserves the right to suspend this privilege if there is a compliance with the required criteria will be reviewed at the end o | | | | |
| I,, understand that by s | igning this consent for | m, I am giving Estero Hi | gh School, permission to schedule | |
| my child,, for, to end of the second s | out of 8 periods durin | ig his/hersenior vear. I | further understand that my child | |
| | | | | |
| has met all of the criteria listed above and may be eligible for | or up to two exemptio | n periods out of eight p | eriods each semester. | |
| Parent Signature: | | Date:_ | | |
| Student Signature: | | Date:_ | | |
| School Counselor Signature: | | Date:_ | | |
| Principal Signature: | | Date:_ | | |
| Office Use Only: | | | | |
| Date of Verified Conversation with Parent: | | □ In Person | □ By Phone | |
| Schedulers will use the OFF CAMPUS PLACEHOLDER – OFFCAMP | S (non-FTE) to schedule t | he periods that students a | e off campus. | |
| If parent/guardian is unable to sign this form in the presence of the STATE OF FLORIDA COUNTY OF LEE | e school administrator or | r counselor, please submit | form with notarized signature. | |
| The foregoing instrument was acknowledged before me this | day of, 2 | 20by | , who is personally know | wn to me or |
| who has produced | (A Florida Driver' | s License) as identification | | |
| | | | | |

Notary Public My commission expires _____