

## REDUCED SCHEDULE REQUEST AND APPROVAL FORM

### REDUCED SCHEDULE REQUEST

Form X

<b>Pupil's Name</b> _____	<b>Birthdate</b> _____	<b>Grade</b> _____
<b>School District</b> _____	<b>Building/Program</b> _____	
<b>Date form completed</b> _____	<b>School Year</b> _____	

This pupil requests a reduction in scheduled classes (not fewer than 878.4 hours per school year) for the following reason(s):

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This will serve as authorization to reduce classes for the above student for the 2005-06 school year.

\_\_\_\_\_  
Signature of Pupil

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if pupil is under 18)

\_\_\_\_\_  
Date

### REDUCED SCHEDULE APPROVAL

In our professional judgment, the pupil's educational needs would be best served by a reduced schedule (878.4 hours minimum, in accordance with section 101(9)(c) of the State School Aid Act). It is agreed that if the pupil fails to perform satisfactorily under a reduced schedule, he/she will be required to return to a full schedule.

Permission for the attached reduced schedule (attach copy of schedule) has been granted for the requested reason in accordance with Department policies as specified in the Pupil Accounting and Auditing Manual.

\_\_\_\_\_  
Counselor/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date