

# REDUCED SCHEDULE

# Request and Approval

R E Q U E S T	District:		School Year:		
	Building/Program:		Count:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
	Pupil's Name:		Birthdate:		
	Grade:		Date Form Completed:		
	This pupil requests a reduction in scheduled classes (equal to at least 80% of required minimum number of hours) -- (878.4 hours) for the following reason(s):				
	<b>SIGNATURES:</b>				
Pupil:			Date:		
Parent (if pupil is under 18):			Date:		

A P P R O V A L	<p>In our professional judgment, the pupil's educational needs would be best served by a reduced schedule (878.5 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 s/he will be required to return to a full schedule.</p> <p>Permission for the reduced schedule (attached) has been granted for the requested reason in accordance with Department policies as specified in the Pupil Membership Accounting &amp; Auditing Manual.</p>			
	Counselor/ Authorized Representative:			Date:
	Title:			Date:
	Principal:			Date: