

REDUCED SCHEDULE REQUEST FORM

(To be completed by PARENT)

Student: _____	School Year: _____
School District: Avondale School District	Building: Avondale High School

Parents may request a reduced schedule for their son/daughter based on the following: **economic need** (must provide a current paystub), **family need** (care for family member), or **medical need** (medication, physical therapy, or diagnosis indicating need for reduction). Please be specific and be prepared to provide documentation or verification. **NOTE:** The State Department of Education has determined that a reduced schedule may not be granted if the stated reason is that the student does not need the additional (required) hours to graduate. There must be an educationally sound reason.

I am requesting a reduction in scheduled classes for my son/daughter (not to total less than 80 percent of the minimum required hours) because (explanation required):

It is agreed that if the student **fails to perform** satisfactorily under a reduced schedule, he/she will be required to **return to a full schedule**.

SIGNATURES

Student _____

Parent (student is under 18) _____

State School Aid Action Section 101 (8)(c) states: "A pupil in grades 9 to 12 for whom a reduced schedule is determined to be in the pupil's best educational interest must be scheduled for a number of hours equal to at least 80 percent of the required minimum number of hours of pupil instruction to be considered a full-time equivalent pupil."