

# 2022-2023 LIBERTY HIGH SCHOOL PART-TIME STUDENT FORM

Forms Due: **1<sup>st</sup> Sem** - Oct. 4, 2022; **2<sup>nd</sup> Sem** - Feb. 16, 2023

Permission must be received by parent/guardian before the schedule will be changed.

Date: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Counselor: \_\_\_\_\_

Requirements to qualify for Part-Time student status:

- You must be classified as a senior.
- Dropped classes after due dates will result in an 'F' in the class.
- You must remain off campus except during your scheduled classes unless approved by an administrator.

**NOTE-- You will only receive credits for classes attended.**

If you are dropping a class to be a Part-Time Student please complete this section.

Course requested to be dropped: \_\_\_\_\_

Teacher Signature (required if you have already attended the class): \_\_\_\_\_

Carefully consider the following information regarding participation in MSHSA activities: *To participate in athletics or any other Missouri State High School Association activities (this includes all athletics, cheerleading, pom, academic competitions, Debate & Forensics, theatre competitions and district or state music contests – band or vocal):* **YOU MUST PASS SIX (6) CREDIT-EARNING CLASSES IN THE SEMESTER PRECEDING COMPETITION AND BE ENROLLED IN SIX (6) CREDIT-EARNING CLASSES DURING THE SEMESTER OF COMPETITION.**

Enrollment as a Part-Time Student may impact eligibility for A+ certification due to attendance requirements.

Circle the hour and semester needed to be released.

1 <sup>st</sup> Hour	2 <sup>nd</sup> Hour	3 <sup>rd</sup> Hour	4 <sup>th</sup> Hour	5 <sup>th</sup> Hour	6 <sup>th</sup> Hour	7 <sup>th</sup> Hour	8 <sup>th</sup> Hour	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	Year
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Student Signature: \_\_\_\_\_

As the **parent/guardian** I have read and understand the above policy and agree to let my child participate in this program. I have reviewed the eligibility status of the request and am in agreement that all requirements for graduation will be fulfilled during the hours the student attends classes.

Parent Signature: \_\_\_\_\_

As the **counselor** of record, I have reviewed the eligibility status of the request and am in agreement that all requirements for graduation will be fulfilled during the hours the student attends classes.

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the Counseling Office. **Students must follow their normal schedule until notified by their counselor that part-time has been approved and scheduled.**