

**Sandalwood High School
Partial Schedule Contract
2018-2019**

_____ has my/our permission to have a partial schedule at Sandalwood High School for School Year 2018-2019. He /She has met the following eligibility requirements for a partial schedule:

- Is on track to graduate with a minimum unweighted 2.0 GPA
- Has achieved Senior status
- **Has completed** or will be enrolled in the Fall of 2017 in a Dual Enrollment Course
- Has passed FSA & EOC Requirements or earned appropriate concordant scores
- Has earned College Ready scores in Reading and Mathematics
- Has taken a College Ready Test ((PERT, ACT, or SAT) **and achieved college ready scores in either reading or math**)
- Has proof of transportation (this can include parking pass, driver's license and proof of insurance)

In requesting this permission, the student and parent(s) agree that all rules and regulations of the Duval County School Board and Sandalwood High School (as stated in the Secondary Code of Conduct) shall be followed during the time off campus. **THE STUDENT MUST LEAVE CAMPUS within 15 minutes of his/her final class. The student must leave in an authorized vehicle or must walk off campus after being granted permission by security personnel. Failure to follow these rules will result in the loss of partial schedule privileges.**

Your signature below enables your child to leave campus on the appropriate day during their scheduled time. If a student has not qualified for a partial schedule, that student will receive disciplinary consequences. This is an official checkout releasing Sandalwood High School from liability during the time they are off campus. Also, a review of eligibility requirements will take place at the end of the term (January). **Lastly, this is a privilege; therefore, it can be suspended or revoked at any time it is deemed necessary by any SHS administrator.**

_____ as a parent/guardian of _____ I give permission for my child to have a partial schedule and leave campus during the 2017-2018 school year. I understand that my child **will not** be supervised by any school district employees during this time. I am releasing my child from the jurisdiction of the school during this time period. **I understand that he/she must be driving his/her own vehicle and will not transport other students.** I hereby release the Duval County School Board and any of its employees from all responsibility and liability for any damage or injury that may occur during this period. **I also understand that this privilege may be revoked by the school at anytime for abusing the partial schedule privilege, committing a violation of the student code of conduct, decreased academic performance, and/or failure to comply with attendance and ID requirement.**

Signature of Senior

Signature of Parent/Guardian

Student and Parent/Guardian signature must be verified by a Notary public

Witness by my hand and **OFFICIAL SEAL** this ____ day of _____, 20____

Notary Public, State of Florida

Personally known ____ Or Produced Identification ____

Florida Drivers License _____

Other _____