

**Sandalwood High School
Partial Schedule Contract
2019-2020**

_____ has my/our permission to have a partial schedule at Sandalwood High School for School Year 2019-2020. I understand this form **MUST** be submitted and **all requirements met by August 1st** for the first semester and **December 1st** for the second semester. Approval for a first semester partial schedule does not guarantee approval for a partial schedule for second semester. He /She has met the following eligibility requirements for a partial schedule:

- Is on track to graduate with a minimum unweighted 2.0 GPA at the start of the senior year
- Has achieved Senior status by August 1st of the ensuing school year
- **Has completed** or will be enrolled in the Fall of 2018 in a Dual Enrollment Course
- Has passed FSA & EOC Requirements or earned appropriate concordant scores
- Has passing College Ready Test scores (PERT, ACT, or SAT)
- 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 2019-2020 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 _____