



Atlantic Coast High School
Senior Partial Schedule Contract
2022- 2023
DUE BY 8/24/2022

_____ has my/our permission to have a partial schedule at Atlantic Coast High School for school year 2022-2023. 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 a Dual Enrollment course by the fall of 2022 **OR** has passed an AP exam.
- * Has passed FSA & EOC requirements or earned appropriate concordant scores
- * Has taken a College Ready Test ((PERT, ACT, or SAT) **AND has post-secondary ready scores in math and reading. Attach score report.**
- * Has proof of transportation (proof should include parking pass, driver’s license and proof of insurance)

Please be advised that a partial schedule may negatively impact college admissions and scholarship opportunities.

In requesting this permission, the student and parent(s) agree that all rules and regulations of the Duval County School Board and Atlantic Coast High School (as stated in the Secondary Code of Conduct) shall be followed during the time on campus. Student must only be on campus during scheduled times and leave in an authorized vehicle. **Failure to follow these rules will result in the loss of their partial schedule privileges.**

Your signature below enables your child to leave campus on the appropriate day during their scheduled time. This is an official checkout releasing ACHS 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 if it is deemed necessary by any ACHS administrator.**

_____ as a parent/guardian of _____ I give permission for my child to have a partial schedule and leave campus during the 2022-2023 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 students who do not also have a partial schedule.** 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 administrator at any time 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 Driver’s License _____

Other _____