Berkley High School
Reduced Schedule Request
2017-2018

(TO BE COMPLETED BY STUDENT AND PARENT)

Student_____ **Grade**_____ **Birthdate** _____

School Year _____ **Semester Requesting Reduction:** ☐ Semester 1 ☐ Semester 2

The State of Michigan Department of Education has determined that a student may be on a reduced schedule based on the following pupil accounting rules below:

SSAA 388.1701(7) (c) states "Except as otherwise provided in this subdivision, a pupil in grades 9 to12 for whom a reduced schedule is determined to be in the individual pupil's best educational interest must be scheduled for a number of hours equal to at least 80% of the required minimum number of hours of pupil instruction to be considered a full-time equivalent pupil. ***For BHS students this amounts to a reduction of no more than 1 period per semester***

Berkley High School students in grades 11 and 12 may request a reduced schedule if they have passed <u>ALL</u> classes since their 9th grade year and meet one or both of the following criteria:

- The student has a documented medical condition with a physician recommendation for a reduced schedule. (Documentation must be attached to this form). *** 9th and 10th grade students may request a reduced schedule if they have a documented medical condition with a physician recommendation for a reduced schedule.**
- The student is enrolled in any combination of 3 or more advanced placement and/or grade-weighted honors classes.

*** If a reduced schedule is granted, students may not stay on campus during the period that they have a reduced schedule and must leave campus.**

<u>EXPLANATION FOR REQUEST</u>

The above-named student requests a reduction in scheduled classes for the following reason(s):

_____

_____

_____

_____

_____

_____

Student Signature_____ **Date**_____

Parent Signature_____ **Date**_____

Student must turn this form into his or her counselor upon completion

APPROVAL

(TO BE COMPLETED BY THE COUNSELOR AND ADMINISTRATOR)

☐ The above-named student should be granted a reduced schedule because he/she has meets the following criteria for a reduced schedule:

☐ The student has a documented medical condition with a physician's recommendation for a reduced schedule. (Documentation must be attached to this form)

☐ The student has 3 or more advanced placement/grade-weighted honors level courses. (A copy of the student's schedule must be attached to this form)

☐ The above-named student should not be granted a reduced schedule because he/she does not met the criteria for a reduced schedule and there is not a justification for a reduced schedule at this time.

Counselor:_____ **Date:**_____

Counselor must forward this form to the student's administrator for final approval

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☐ Permission for a reduced schedule has been granted.

☐ Permission for a reduced schedule has been denied for the following reason(s): _____

_____

_____

Building Administrator:_____ **Date:**_____

Building administrator must forward this form to the Principal's Secretary to be filed for records